

Case Number:	CM15-0096192		
Date Assigned:	05/26/2015	Date of Injury:	05/28/2009
Decision Date:	06/30/2015	UR Denial Date:	05/11/2015
Priority:	Standard	Application Received:	05/19/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 34 year old male, who sustained an industrial injury on 5/28/09. The injured worker was diagnosed as having thoracic spine pain, thoracic disc degeneration, lumbar radiculopathy, post lumbar spine surgery syndrome and low back pain. Treatment to date has included lumbar fusion, physical therapy, pain pump implantation, injections, oral medications including Flexeril, cyclobenzaprine, Norco, and Lyrica and topical medications including Butrans patch. (CT) computerized tomography scan of lumbar spine performed on 10/6/14 revealed anterior and posterior lumbar spine fusion at L4-5-S1, possible mild narrowing of L5-S1 neural foramen and posterior left electronic pump device with a catheter entering the spinal canal. Currently, the injured worker complains of chronic low back pain rated 2-3/10 and 75% improvement in pain with medications. He notes significant improvement in pain following implantation of pain pump. Physical exam noted slow shuffling gait, limited range of motion of trunk and tenderness to palpation through the right lumbar paraspinal elements along the surgical hardware.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Cyclobenzaprine 10 mg Qty 90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-65.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 63-66 of 127.

Decision rationale: Regarding the request for cyclobenzaprine (Flexeril), Chronic Pain Medical Treatment Guidelines support the use of non-sedating muscle relaxants to be used with caution as a 2nd line option for the short-term treatment of acute exacerbations of pain. Guidelines go on to state that cyclobenzaprine specifically is recommended for a short course of therapy. Within the documentation available for review, there is no identification of a specific analgesic benefit or objective functional improvement as a result of the cyclobenzaprine. Additionally, it does not appear that this medication is being prescribed for the short-term treatment of an acute exacerbation, as recommended by guidelines. Finally, there is no documentation of failure of first-line treatment options, as recommended by guidelines. In the absence of such documentation, the currently requested cyclobenzaprine (Flexeril) is not medically necessary.