

Case Number:	CM15-0097599		
Date Assigned:	05/28/2015	Date of Injury:	11/04/2013
Decision Date:	07/01/2015	UR Denial Date:	05/12/2015
Priority:	Standard	Application Received:	05/20/2015

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: Arizona, Texas
 Certification(s)/Specialty: Internal Medicine

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 59 year old male who reported an industrial injury on 11/4/2013. His diagnoses, and/or impressions, are noted to include: left sciatica secondary to left disc herniation; and left lumbar radiculopathy. The most recent magnetic imaging studies are stated to have been for the lumbar spine, on 11/22/2013, noting mild left lumbar facet arthropathy causing severe stenosis with nerve root compression. The history reported a magnetic resonance imaging study on 1/22/2013 that noted lumbar spondylosis. His treatments have included epidural steroid injection therapy; medication management; as well as modified work duties and rest from work. The progress notes of 1/28/2015 reported no relief after 2 sets of lumbar transforaminal epidural steroid injections; that his pain was 1.5/10 since being on his new pain medication regimen; and that pain increased with all activity. Also noted was the recommendation for, and reluctance to, lumbar decompression surgery, and that this injured worker is still not working. The objective findings included left lumbar radiculopathy; moderate diffuse pain with palpation; moderate lumbar pain with range-of-motion and over the paraspinal muscles; positive left straight leg raise; mild weakness; and a slight antalgic gait. The physician's requests for treatments were noted to include Cyclobenzaprine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 7.5mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines muscle relaxants.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20-.26 Page(s): 64-66.

Decision rationale: Flexeril is recommended as an option, using a short course of therapy. Cyclobenzaprine (Flexeril) is more effective than placebo in the management of back pain; the effect is modest and comes at the price of greater adverse effects. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. Treatment should be brief. There is also a post-op use. The addition of Cyclobenzaprine to other agents is not recommended. In this case, the patient has been taking this medication for longer than is recommended. The patient is taking other medications including gabapentin and Oxycodone that could potentiate adverse drug reactions while taking this medication. The continued use of Flexeril (Cyclobenzaprine) is not medically necessary.