

Case Number:	CM15-0098282		
Date Assigned:	05/29/2015	Date of Injury:	07/16/2013
Decision Date:	06/29/2015	UR Denial Date:	04/24/2015
Priority:	Standard	Application Received:	05/21/2015

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

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 39-year-old male who sustained an industrial injury on 07/16/2013. Current diagnoses include lumbar disc protrusion and lumbar radiculopathy. Previous treatments included medication management and home exercise program. Previous diagnostic studies include urine toxicology screenings, MRI of the lumbar spine, cardio-respiratory diagnostic testing, and a Sudoscan. Initial injuries included low back pain after carrying a toilet. Report dated 02/17/2015 noted that the injured worker presented with complaints that included low back pain radiating to the lower extremities with numbness and tingling. Pain level was 9 out of 10 on a visual analog scale (VAS). Physical examination was positive for decreased range of motion in the lumbar spine, tenderness to palpation along the lumbar spine and paravertebral muscles bilaterally, and straight leg raises are positive bilaterally. The treatment plan included requests for cardio-respiratory testing, cyclobenzaprine and ibuprofen, continue home exercises, and follow up in 4-6 weeks. Disputed treatments include cyclobenzaprine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 10mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril) Page(s): 46.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants, pg 128.

Decision rationale: Guidelines do not recommend long-term use of this muscle relaxant for this chronic injury. Additionally, the efficacy in clinical trials has been inconsistent and most studies are small and of short duration. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. Submitted reports have not adequately demonstrated the indication or medical need for this treatment and there is no report of significant clinical findings, acute flare-up or new injury to support for its long-term use. There is no report of functional improvement resulting from its previous treatment to support further use as the patient remains unchanged. The Cyclobenzaprine 10mg #60 is not medically necessary and appropriate.