

Case Number:	CM15-0099363		
Date Assigned:	06/01/2015	Date of Injury:	02/06/2009
Decision Date:	07/08/2015	UR Denial Date:	04/29/2015
Priority:	Standard	Application Received:	05/22/2015

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 68 year old male, who sustained an industrial injury on 02/06/2009. The injured worker is currently temporarily totally disabled. The injured worker is currently diagnosed as having intractable lower back pain, lumbar spine degenerative disc disease, multilevel lumbar disc protrusions, and left lower extremity radiculopathy. Treatment and diagnostics to date has included electromyography/nerve conduction velocity studies showed radiculopathy in the right lower extremity, lumbar spine MRI which showed disc desiccation, degenerative changes, and disc protrusion, lumbar epidural steroid injection, back brace, and medications. In a progress note dated 04/17/2015, the injured worker presented with complaints of significant pain in his lower back with radicular symptoms. Objective findings include paralumbar tenderness, positive straight leg raise, and diminished sensation at L4 and L5 nerve root distributions in bilateral lower extremities. The treating physician reported requesting authorization for 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 Cyclobenzaprine (Flexeril). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-66.

Decision rationale: According to the 04/17/2015 report, this patient presents with "pain in his lower back with radicular symptoms". The current request is for Cyclobenzaprine 7.5mg #90. The request for authorization is on 04/22/2015. The patient's work status is temporarily totally disabled until 05/17/2015. For muscle relaxants for pain, the MTUS Guidelines page 63 state "Recommended non-sedating muscle relaxants with caution as a second line option for short term treatment of acute exacerbation in patients with chronic LBP. Muscle relaxants may be effective in reducing pain and muscle tension and increasing mobility; however, in most LBP cases, they showed no benefit beyond NSAIDs and pain and overall improvement". A short course of muscle relaxant may be warranted for patient's reduction of pain and muscle spasms. Review of the available records indicate that this medication is has been prescribed longer then the recommended 2-3 weeks. The treating physician is requesting Cyclobenzaprine #90 and it is unknown exactly when the patient initially started taking this medication. Cyclobenzaprine is not recommended for long term use. The treater does not mention that this is for a short-term use to address a flare-up or an exacerbation. Therefore, the current request is not medically necessary.