

Case Number:	CM15-0012983		
Date Assigned:	01/30/2015	Date of Injury:	10/31/2012
Decision Date:	10/13/2015	UR Denial Date:	12/31/2014
Priority:	Standard	Application Received:	01/22/2015

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: Massachusetts

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 27-year-old male who sustained an industrial injury on 10-31-12. Treatments include medication, TENS unit, injections and acupuncture. Progress report dated 9-21-14 reports continued complaints of low back pain with periodic radiating pain down the legs left greater than the right. Diagnoses include lumbosacral joint ligament sprain and strain, dislocation subluxation sacrum, lumbalgia lumbar intervertebral disc without myelopathy and lumbosacral or thoracic neuritis or radiculitis. Plan of care includes: discontinue ultrasound due to no help, renew medications and request evaluation for epidural nerve blocks. Work status: remain off work until 9-21-14. Follow up in 1 month.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzparine 7.5 mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Cyclobenzaprine (Flexeril).

Decision rationale: The claimant sustained a work injury in October 2012 and is being treated for chronic low back pain with intermittent lower extremity radiating symptoms. A lumbar fusion was done in 2009. When seen, his low back pain was the same. He was using a cane. There was moderate lumbar tenderness, which was no better. Medications were refilled including Flexeril, which had been prescribed for three months before. Flexeril (Cyclobenzaprine) is closely related to the tricyclic antidepressants. It is recommended as an option, using a short course of therapy and there are other preferred options when it is being prescribed for chronic pain. Although it is a second-line option for the treatment of acute exacerbations in patients with muscle spasms, short-term use only of 2-3 weeks is recommended. In this case, there was no acute exacerbation and the quantity being prescribed is consistent with ongoing long-term use and was not medically necessary.