

Case Number:	CM13-0047335		
Date Assigned:	12/27/2013	Date of Injury:	05/14/2004
Decision Date:	04/18/2014	UR Denial Date:	10/11/2013
Priority:	Standard	Application Received:	11/01/2013

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

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

This 39 year-old male machine operator/ warehouse worker sustained a low back injury when he bent down to lift a door on 5/14/04 while employed by [REDACTED]. Request under consideration include CYCLOBENZAPRINE 7.5MG #60. Diagnoses include stable spondylolisthesis; lumbar intervertebral disc displacement; and chronic low back pain. Conservative care has included physical therapy and medications. Report of 9/24/13 noted medications and physical therapy were working for him. He noted low back pain radiating into his left leg. Exam noted tenderness at L4-5 area with increased myofascial tone; flex/extension/rotation L.R. 25/10/30/25 degrees; DTRs 2+; no antalgic gait. Diagnoses was lumbosacral strain/sprain. Treatment included refill of Tramadol, Fexmid, Lidoderm patches; and physiotherapy. Request for Cyclobenzaprine was non-certified on 10/11/13 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

CYCLOBENZAPRINE 7.5MG #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 128.

Decision rationale: This 39 year-old male machine operator/ warehouse worker sustained a low back injury when he bent down to lift a door on 5/14/04 while employed by [REDACTED]. Request under consideration include CYCLOBENZAPRINE 7.5MG #60. Diagnoses include stable spondylolisthesis; lumbar intervertebral disc displacement; and chronic low back pain. Conservative care has included physical therapy and medications. Report of 9/24/13 noted medications and physical therapy were working for him. He noted low back pain radiating into his left leg. Exam noted tenderness at L4-5 area with increased myofascial tone; flex/extension/rotation L.R. 25/10/30/25 degrees; DTRs 2+; no antalgic gait. Diagnoses was lumbosacral strain/sprain. Treatment included refill of Tramadol, Fexmid, Lidoderm patches; and physiotherapy. 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. The Cyclobenzaprine 7.5MG #60 is not medically necessary and appropriate.