

Case Number:	CM13-0055662		
Date Assigned:	12/30/2013	Date of Injury:	08/06/2012
Decision Date:	06/30/2014	UR Denial Date:	11/11/2013
Priority:	Standard	Application Received:	11/21/2013

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 & 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:

The injured worker is a 42-year-old male who reported an injury on 08/06/2012. The mechanism of injury was an assault. The injured worker was seen for a follow-up evaluation on 12/09/2013 with complaints of worsening neck pain and low back pain. The injured worker also indicated knee pain and left lower extremity pain and numbness. The injured worker rated his pain at 9/10 and indicated that the pain was predominantly in the lower back area. He stated some pain radiated into his leg and into the left lower extremity. The injured worker described his symptoms as aching, stabbing, numbness, burning, pins and needles. He added that the intensity of his symptoms was severe. He included that the duration of his symptoms were constant. The treatments include anti-inflammatory medication, physical therapy, bracing, epidural injection, and acupuncture. The physical examination included pain to palpation of the lumbar spine area, specifically L4-5 and L3-4, with paraspinal muscle spasms and range of motion limited secondary to pain. the injured worker's flexion was 50% of normal, extension was 40% of normal, side to side bending was 40% of normal to the left and right, motor strength was 3+ out of 5 for the left extensor, gastrulas was 4/5 and all other muscle groups were 5/5 proximally and distally. The injured worker had normal sensation to light touch bilaterally over the lower extremities, deep tendon reflexes were 2+ and equal bilaterally to the knees and ankles, straight leg raising was positive bilaterally to the lower extremities, extension at 60 degrees caused pain radiating into the feet bilaterally. The diagnoses were provided as L5-S1 radiculopathy bilateral to lower extremities, disc protrusion L5-S1 and severe foraminal stenosis at L4-5, degenerative disc disease of L3-4 and L4-5 and to a lesser extent L5-S1, radiculopathy to bilateral lower extremities, left knee injury that needs orthopedic evaluation and treatment, and depression with anxiety due to severity of the assault and injury. The documentation submitted does not provide

rationale for the request of cyclobenzaprine 7.5 mg quantity of 90. The Request for Authorization for medical treatment was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

CYCLOBENZAPRINE (FLEXERIL) 7.5MG #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain) Page(s): 63.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine Page(s): 42.

Decision rationale: The request for cyclobenzaprine 7.5 mg quantity 90 is non-certified. The California MTUS Chronic Pain Medical Treatment Guidelines indicate cyclobenzaprine is recommended as an option, using a short course of therapy. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. Treatment should be brief. The evaluation dated 12/09/2013 does not include cyclobenzaprine in the treatment plan for the injured worker. Cyclobenzaprine quantity 90 is in excess of the guidelines recommendations that treatment should be brief. The request for cyclobenzaprine fails to indicate a dose frequency or the efficacy of the medication as the injured worker continues to have muscle spasms on examination. The request does not meet the criteria according to the guidelines. Therefore, the request for cyclobenzaprine 7.5 mg quantity of 90 is not medically necessary and appropriate.