

Case Number:	CM13-0063437		
Date Assigned:	12/30/2013	Date of Injury:	03/01/2004
Decision Date:	10/01/2014	UR Denial Date:	11/06/2013
Priority:	Standard	Application Received:	12/10/2013

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 patient sustained an injury on 3/1/04 while employed by [REDACTED]. Request(s) under consideration include Cyclobenzaprine 7.5mg. Diagnoses include Lumbar postlaminectomy Syndrome s/p L2-4 lumbar fusion. Review indicated the patient has been prescribed Cyclobenzaprine since at least August 2013. Peer review of 10/9/13 noted certification of Cyclobenzaprine #20 to wean for chronic low back complaints. Report of 11/27/13 from the provider noted the patient with ongoing chronic low back pain rated at 8-10/10 with numbness in the feet. Medications list Ultram, Percocet, Nabumetone, Omeprazole, Lyrica, Topamax, Wellbutrin, Quazepam and Cyclobenzaprine. Exam from record review of 11/6/13 noted overweight patient with slow antalgic gait; 5/5 motor strength in lower extremities muscles; decreased sensation in bilateral feet (unspecified); SLR produces low back pain (no degree or position). Diagnoses included failed back syndrome s/p L2-4 fusion/ right lumbar facet syndrome/ intermittent L2/L3 radicular pain; trochanteric bursitis with right IT band syndrome; s/p bilateral TKA with left redo of gastrocnemius flap; bilateral CTS s/p releases; depression, anxiety, and sleep apnea. Treatment plan included weight loss and home exercise program. The request(s) for Cyclobenzaprine 7.5mg was non-certified on 11/6/13 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: Upheld

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

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

Decision rationale: Guidelines do not recommend long-term use of this muscle relaxant for this chronic injury of 2004. 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 7.5mg is not medically necessary and appropriate.