

Case Number:	CM13-0067319		
Date Assigned:	01/03/2014	Date of Injury:	02/08/2010
Decision Date:	04/15/2014	UR Denial Date:	12/10/2013
Priority:	Standard	Application Received:	12/17/2013

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, has a subspecialty in Pain Medicine and is licensed to practice in California and Virginia. 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 patient is a 40 year old male who was injured on 02/08/2010. There is no known mechanism of injury. Prior treatment history has included 12 sessions of physical therapy and an external bone growth stimulator on a daily basis. The patient underwent a back surgery microdiscectomy in 06/2012, deviated septum surgery in 2000, left hand surgery in 2003, and an anterior lumbar discectomy and interbody fusion at L4-5 and L5-S1 on June 18, 2013. Medication therapy includes Percocet, Lyrica for the neuropathic pain, and Soma for muscle spasm. Diagnostic studies reviewed include MRI of lumbar spine performed on 10/28/2013, which revealed stable appearance status post anterior fusion of L4-L5 and L5-S1. MRI of the lumbar spine performed on 09/20/2013 revealed stable L4-L5 and L5-S1 fusion. MRI of the lumbar spine performed on 08/19/2013 revealed no acute disease and no significant change. Anterior, posterior, and lateral lumbar spine x-rays performed on 07/27/2013 revealed instrumentation seems to be intact. The screws are intact and there is no evidence of subsidence. Lower Extremity Venous Duplex Report dated 06/19/2013 revealed no evidence for deep venous thrombosis detected in the bilateral lower extremities. MRI of the lumbar spine without and with contrast performed on 11/02/2012 revealed status post right hemilaminectomy at L4-L5 and L5-S1 without recurrent disk protrusion, significant central or neuroforaminal stenosis at these levels. There are enhancing granulation tissues along the right side of the epidural space at both of these levels. MRI of the lumbar spine, 4 views, performed on 11/02/2012 revealed mild narrowing of the disk height from L3-L4 through L5-S1. Toxicology Report dated 11/04/2013 indicated a positive result for Meprobamate which is indicative of use of a drug containing Meprobamate or Carisoprodol. PR2 dated 11/04/2013 documented the patient to have complaints of low back pain and some right leg pain still, but notes that his left leg pain is

improved since his surgery. Clinic note dated 05/15/2013 revealed on exam cranial nerves 2-12 were grossly intact. The motor and sensory of both upper and lower extremities were 5 out of 5. There was no clubbing, cyanosis or edema. He had 2+ radial, brachial, femoral and tibial pulses equal bilaterally. PR2 dated 04/15/2013 revealed on exam severe limitation in range of motion of the back; unequivocal paresthesias in the buttock and thigh on the right side. His pain is worsened with extension at about 10 degrees; Jamar test revealed on the right 38/38/40; left 46/46/42. The patient was diagnosed with 1) Chronic intractable lower back pain, right leg pain, posterior buttock, thigh, calf, and big toe pain industrially-aggravated; 2) lumbar spondylosis; and 3) Lumbar disc herniation L4-L5.

IMR ISSUES, DECISIONS AND RATIONALES

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

CYCLOBENZAPRINE HCL 10MG, #60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-64. Decision based on Non-MTUS Citation Pain Medicine and Regional Anesthesia, 2nd Edition, 2005, Chapter 17: Muscle Relaxants, pages 159 - 165

Decision rationale: Per MTUS Chronic Pain Medical Treatment Guidelines, the use of cyclobenzaprine is only recommended for a short course of treatment, no longer than 2 - 3 weeks in duration. In addition, they are recommended as a second line treatment option after a course of non-steroidal anti-inflammatory drugs (NSAIDs) and/or acetaminophen as there is no literature indicating greater benefit from these medications compared to NSAIDs. There is no documentation in the patient's records indicating goals of treatment, use of first line therapy, or duration of treatment with muscle relaxants. Given the lack of documentation and lack of support for long term use, the request is non-certified.