

Case Number:	CM13-0071202		
Date Assigned:	01/08/2014	Date of Injury:	06/15/2009
Decision Date:	06/09/2014	UR Denial Date:	12/19/2013
Priority:	Standard	Application Received:	12/26/2013

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 Occupational Medicine, 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 patient is an employee of [REDACTED] and has submitted a claim for low back pain associated with an industrial injury date of June 15, 2009. Treatment to date has included Relafen, Norco, epidural spinal injection for 2 episodes and physical therapy. Medical records from 2012 through 2013 were reviewed, which showed that the patient complained of low back pain grade 8/10 aggravated by lifting, bending, and twisting. On physical examination of the thoracic spine, increased tone in the bilateral thoracic paravertebral muscles were noted. Range of motion on forward flexion at 40 degrees, rotation to the right and left were at 50 degrees. Examination of the lumbosacral spine showed a well-preserved thoracolumbar posture with no splinting. The gait was noted to be slow and stiff, with difficulty arising from the seated due to the band-like pain described by the patient, which he localized over his lower lumbar facet. The patient attempted to perform heel and toe walking but failed to do it. Sciatic notch was tender bilaterally with trigger points noted in lumbar spinous muscles and quadratus lumborum muscles radiating to the ipsilateral buttocks. Range of motion was diminished with forward flexion at 30 degrees and extension at 5 degrees. Side bending and rotation were reduced to 50% bilaterally. Straight leg raise was positive, bilaterally. Patrick's test was negative bilaterally. Utilization review from December 19, 2013 denied the request for Cyclobenzaprine 5mg #60 for 30 days supply because long-term use of muscle relaxants is not recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

CYCLOBENZAPRINE 5MG, SIXTY COUNT FOR A THIRTY DAY SUPPLY,: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 41-42.

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, Cyclobenzaprine is a skeletal muscle relaxant and is recommended as an option using a short course of therapy with the effect greatest in the first four days of treatment hence, treatment should be brief. In this case, there was no previous intake of cyclobenzaprine based on the medical records submitted. Recent progress reports do not reveal presence of muscle spasm. There is likewise no documented indication for this medication. The request for Cyclobenzaprine 5mg, sixty count for a thirty day supply, is not medically necessary or appropriate.