

Case Number:	CM14-0000486		
Date Assigned:	01/10/2014	Date of Injury:	04/03/2011
Decision Date:	04/22/2014	UR Denial Date:	12/20/2013
Priority:	Standard	Application Received:	01/02/2014

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:

The patient is a 48-year-old male who was injured on 04/03/2011 while he was getting his gear bag into his unit. He picked it up and felt pain into the right leg and back. Prior treatment history has included lumbar epidural injections, therapy, chiropractic treatment and wrist brace. The patient underwent L5-S1 posterior lumbar interbody fusion. On 09/06/2013 the patient underwent L5-S1 removal of lumbar spinal hardware. The medications include: 1. Naproxen 2. Cyclobenzaprine 3. Oandansetron 4. Omeprazole 5. Medrox Pain Relief 6. Neurontin 7. Ambien 8. Nucynta The diagnostic studies revealed urine drug tests dated 06/27/2013 and 08/06/2013 resulting in none of the analytes tested was detected. Progress note dated 10/04/2013 documented the patient to have complaints of low back pain that is aggravated by bending, lifting, twisting, pushing, pulling, sitting, standing, and walking multiple blocks. Objective findings on examination of the lumbar spine revealed a well healed scar. There is tenderness at the lumbar paravertebral muscles. There is pain with terminal motion. Neurovascular status remains intact.

IMR ISSUES, DECISIONS AND RATIONALES

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

CYCLOBENZAPRINE 7.5MG, #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 64.

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

Decision rationale: According to the CA MTUS Guidelines, Cyclobenzaprine is recommended as an option, using a short course of therapy, the effect is greatest in the first 4 days of treatment and treatment duration should be brief. There is also a post-op use for the medication. In this case, this patient's last documented surgery was in September 2013 (three months prior to this request). The subsequent physical examination failed to document any muscle spasm or rigidity. Further guidelines indicate cyclobenzaprine is associated with a number needed to treat of 3 at 2 weeks for symptom improvement in lower back pain (LBP) and is associated with drowsiness and dizziness. Therefore, the medical necessity has not been established according to the guidelines. The request is therefore non-certified.