

Case Number:	CM14-0108866		
Date Assigned:	08/01/2014	Date of Injury:	05/21/2011
Decision Date:	09/19/2014	UR Denial Date:	06/17/2014
Priority:	Standard	Application Received:	07/14/2014

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, Pain Medicine and is licensed to practice in Texas. 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 59 year old male injured on 05/21/11 due to an undisclosed mechanism of injury. Diagnoses include L4-5 stenosis, right sciatica, and lumbar spondylosis. Clinical note dated 06/03/14 indicates the injured worker presented complaining of low back pain radiating to the right lower extremity. Physical examination revealed limited lumbar range of motion secondary to pain, positive straight leg raising on the right, and decreased sensation in the right foot. Treatment plan included prescriptions for Norco 2.5 mg, Ultram ER, Flexeril, Naprosyn, and Prilosec. Recommendation for L4-5 Transforaminal Lumbar Interbody Fusion submitted. The initial request for 60 tablets of cyclobenzaprine 10 mg was non-certified on 06/17/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 10 mg tablet #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 cyclobenzaprine Page(s): 41.

Decision rationale: As noted on page 41 of the Chronic Pain Medical Treatment Guidelines, Cyclobenzaprine is recommended as a second-line option for short-term (less than two weeks)

treatment of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain. Studies have shown that the efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. Based on the clinical documentation, the injured worker has exceeded the 2-4 week window for acute management also indicating a lack of efficacy if being utilized for chronic flare-ups. As such, the request of Cyclobenzaprine 10 mg tablet #60 is not medically necessary and appropriate.