

Case Number:	CM14-0013153		
Date Assigned:	02/26/2014	Date of Injury:	07/19/2001
Decision Date:	07/24/2014	UR Denial Date:	01/23/2014
Priority:	Standard	Application Received:	02/03/2014

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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 is a 46-year-old female with a date of injury of 7/19/01. The mechanism of injury occurred when she slipped and fell on oil while walking to her car at work. On 1/7/14, she complains of low back pain that radiates bilateral to her lower extremities, neck pain that radiates to the right upper extremity to the level of her hand. Her pain level is at 5 - 7/10 with medications and 10/10 without medications. On exam she appeared to be in moderate distress with an antalgic gait and she ambulated with the use of a cane. She had moderate decreased range of motion in the lumbar spine with tenderness in the lumbar spine at the L4-S1 level. The diagnostic impression is lumbar radiculopathy and s/p lumbar fusion and lumbar laminectomy. Treatment to date includes activity modification and medication management. A UR decision dated 1/23/14 denied the request for Cyclobenzaprine. The rationale for the denial was not clear in the notes provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

CYCLOBENZAPRINE 10 MG: Upheld

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

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

Decision rationale: According to page 41 of the California MTUS Chronic Pain Medical Treatment Guidelines, Cyclobenzaprine is recommended as an option, using a short course of therapy. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. Treatment should be brief. There is also a post-op use. The addition of cyclobenzaprine to other agents is not recommended. There was no documentation of an acute exacerbation of the patient's chronic pain. In addition this was noted to be a refill for cyclobenzaprine. Guidelines do not support the long-term use of muscle relaxants due to diminishing efficacy over time and the risk of dependence. There is also no specified quantity requested. Therefore, the request for Cyclobenzaprine 10mg was not medically necessary.