

Case Number:	CM14-0150093		
Date Assigned:	09/18/2014	Date of Injury:	03/03/2014
Decision Date:	10/17/2014	UR Denial Date:	09/05/2014
Priority:	Standard	Application Received:	09/15/2014

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 Connecticut. 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:

After careful review of the medical records, this is a 26 year old male with complaints of low back pain radiating into the right leg. The date of injury is 3/3/14 and the mechanism of injury is lifting joist while working on the job as a framer which led to his current symptoms. At the time of request for cyclobenzaprine 7.5mg#60, there is subjective (low back pain, right lower extremity pain) and objective (tenderness to palpation of the lumbar spine, muscle spasm lumbar paraspinal musculature, restricted range of motion lumbar spine, antalgic gait), Imaging findings/other(MRI lumbar spine dated 4/24/14 shows L3/4,L4/5,L5/S1 disc displacements, L4/5 right paracentral disc protrusion impinging on the thecal sac, L5/S1 spondylolisthesis grade I with bilateral pars defects, EMG 6/24/14 shows right L5 and S1 radiculopathy), diagnoses (degenerative disc disease, lumbar radiculopathy and myofascial pain) and treatment to date (rest and restrictions, physical therapy, medications, request for lumbar epidural steroids). Muscle relaxants can be beneficial for acute muscle spasm and limited to 2 weeks of treatment. Muscle relaxants are not recommended for chronic use.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 7.5mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-64.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-64.

Decision rationale: Per MTUS-Chronic Pain Medical Treatment Guidelines, muscle relaxants can be beneficial for acute muscle spasm and limited to 2 weeks of treatment. Muscle relaxants are not recommended for chronic use. Again, there is no documentation of drug efficacy, improvement in function, nor is there mention of any specific duration of treatment. Therefore, this drug is not medically necessary.