

Case Number:	CM14-0159354		
Date Assigned:	10/03/2014	Date of Injury:	04/02/2013
Decision Date:	11/04/2014	UR Denial Date:	09/20/2014
Priority:	Standard	Application Received:	09/29/2014

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 Internal Medicine and is licensed to practice in Maryland. 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 employee was a 54 year old male who sustained an industrial injury on 04/02/13. The progress note from 07/24/14 was reviewed. He was status post bilateral L5-S1 laminotomy and discectomy surgery. He reported that his symptoms had worsened since last visit. He noted that he had a severe muscle spasms and pain down both legs onset 5 days ago after walking 30 meters to his mailbox. He stated that he was in severe pain without his medications. He was taking Norco, Robaxin and Gabapentin. His complaints were severe muscle spasms and pain in bilateral legs. He denied any numbness in his legs. He reported weakness from his buttocks down to his bilateral legs and feet. Objective findings included intact motor function of his lower extremities, decreased light touch sensation from buttocks to bilateral legs and feet. Lumbar range of motion is moderately decreased with pain at the limits of his range. His urine toxicology test was negative except for Opiates. His diagnosis was status post bilateral L5-S1 laminotomy and discectomy. He had the surgery in 2013. A postoperative lumbar MRI did not reveal a residual or recurrent disc herniation, but revealed advanced degeneration of the L5-S1 disc resulting in intractable back pain. His treatment plan included Norco, Flexeril for muscle spasms and Gabapentin TID.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine: Overturned

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

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

Decision rationale: According to MTUS, Chronic Pain Guidelines, Cyclobenzaprine is recommended as a short course therapy for pain. It is a skeletal muscle relaxant and a central nervous system depressant with similar effects to tricyclic antidepressants. Also it is not recommended to be used for longer than 2-3 weeks. The employee had been on Norco, Robaxin and Neurontin. He was continuing to have pain despite his medications. He was noted to have spasms and was given Cyclobenzaprine. The request for Cyclobenzaprine is medically necessary and appropriate given there is no documentation of long term use and given the ongoing pain despite first line medications.