

Case Number:	CM14-0167741		
Date Assigned:	10/15/2014	Date of Injury:	02/25/2010
Decision Date:	11/18/2014	UR Denial Date:	09/12/2014
Priority:	Standard	Application Received:	10/10/2014

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, has a subspecialty in Interventional Spine 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 injured worker is a 56 year old female with an injury date on 02/25/10. Based on the 08/13/14 progress report provided by [REDACTED], the injured worker complains of "Low back pain with right greater than left lower extremity symptoms, 5/10 scale." The exam shows there was tenderness and limited range of motion of the lumbar spine. There were no other significant findings noted on this report. Her diagnoses include the following: 1. Status post lumbar decompression L4-5 and L5-S1, right 2. Thoracic myofascial pain, rule out thoracic disc injury [REDACTED] is requesting for Cyclobenzaprine 10 mg #30. The utilization review denied the request on 09/12/14. [REDACTED] is the requesting provider, and he provided treatment reports from 02/10/14 to 09/22/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

CYCLOBENZAPRINE 10MG#30: 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): 63.

Decision rationale: According to the 08/13/14 report by [REDACTED], this injured worker presents pain at the lumbar spine with both lower extremity symptoms. The treating physician is requesting Cyclobenzaprine 10 mg #30. For muscle relaxants for pain, the MTUS Guidelines page 63 state "Recommended non-sedating muscle relaxants with caution as a second line option for short term treatment of acute exacerbation in patients with chronic LBP. Muscle relaxants may be effective in reducing pain and muscle tension and increasing mobility; however, in most LBP cases, they showed no benefit beyond NSAIDs, pain and overall improvement." A short course of muscle relaxant may be warranted for patient's reduction of pain and muscle spasms. However, the treating physician is requesting Cyclobenzaprine 10mg #30 and this medication was first noted in this report. Cyclobenzaprine is not recommended for long term use. The treating physician does not mention that this is for a short-term use. Therefore, the request for Cyclobenzaprine 10mg #30 is not medically necessary.