

Case Number:	CM14-0021727		
Date Assigned:	05/07/2014	Date of Injury:	07/01/1997
Decision Date:	07/09/2014	UR Denial Date:	02/05/2014
Priority:	Standard	Application Received:	02/20/2014

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 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 56-year-old female injured on 07/01/97 when she was bending over to pick up boxes. Current diagnoses include status post L5-S1 fusion complicated by screw injury to the right S1 nerve root, right L4-5 mild spinal stenosis with grade 1 anterolisthesis, chronic opiate use, and possible right sacroiliac joint dysfunction. The clinical note dated 12/13/13 indicates the injured worker presented with continued low back pain and right lower extremity radiculopathy. The injured worker rated her pain at 9/10 with right side greater than left radiating to the right lower extremity with associated numbness and tingling. Physical assessment reveals full strength in the bilateral lower extremities with positive straight leg raise on the right, and PHQ-9 score is 1/27 indicating no depression. Current medications include Fentanyl patch 75mcg every 48 hours, Actiq 400mcg four times a day (QID), Topamax 25mg every morning (QAM)/50mg at bedtime (QHS), Pantoprazole 20mg 2 tabs every day (QD), Cymbalta 30mg every morning (QAM)/60mg every night (QPM), Cyclobenzaprine 7.5mg two times per day (BID). The initial request for Cyclobenzaprine 7.5mg BID as needed was initially non-certified on 02/15/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

CYCLOBENZAPRINE 7.5 MG TWICE A DAY AS NEEDED: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 289-301.

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 patient has exceeded the 2-4 week window for acute management also indicating a lack of efficacy if being utilized for chronic flare-ups. Moreover, the physical examination failed to provide objective findings significant for spasm necessitating the use of muscle relaxants. As such, the medical necessity of cyclobenzaprine 7.5 mg twice a day as needed cannot be established at this time.