

Case Number:	CM14-0025858		
Date Assigned:	06/13/2014	Date of Injury:	04/09/2012
Decision Date:	12/30/2014	UR Denial Date:	02/12/2014
Priority:	Standard	Application Received:	02/28/2014

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 Family Medicine 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:

Injured worker is a 24-year-old male who was injured 04/09/12 when he slipped; causing the tote he was carrying of approximately 50-150 pounds to pull him with it. He immediately had neck and low back pain. He sought treatment a few days later with a chiropractor and was informed that he had dislocated his shoulder. He had one visit with the chiropractor and his shoulder was popped back into place. The primary treating physician's report dated 12/13/13 noted the worker complained of muscle spasms in the back and neck with the greatest pain being in the "mid back." Pain was less severe in the cervical spine and the least in the lumbar spine. Cervical spine MRI showed a mild disc dehydration and anterior spondylosis with minimal broad-based bulges at C4-5, C5-6. Thoracic spine MRI report dated 11/20/13 noted mild disk dehydration and anterior spondylosis with small protrusions, including at T2-3, T3-4, T4-5, T5-6, T6-7, without evidence for canal stenosis, neural foraminal narrowing, spondylolisthesis, or compression deformity. The lumbar spine MRI showed degenerative disc disease and facet arthropathy with dextroscoliosis and retrolisthesis at L4-5 and L5-S1. L4-5 moderate canal stenosis was present with moderate left neuroforaminal narrowing. Upon examination, there was decreased range of motion noted to the cervical, thoracic, and lumbar spine areas. Diagnoses included chronic cervical strain; chronic back strain; cervical spine, herniated nucleus pulposus (HNP), degenerative disc disease; thoracic spine HNP with degenerative disc disease; lumbar HNP with degenerative disc disease, facet arthropathy, moderate canal stenosis with moderate left neuroforaminal narrowing at L4-5. Treatment recommendations included chiropractic therapy, LidoPro cream, and Flexeril.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 7.5 mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (For Pain).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines Pain Interventions and Treatments Page(s): 41-42, 60, 63-64. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Appendix A, Workers' Compensation Drug Formulary, Cyclobenzaprine 7.5 mg, per ODG website.

Decision rationale: Treatment guidelines state that muscle relaxants are recommended for short-term for acute spasms of the lumbar spine. The guidelines state that muscle relaxers are more effective than placebo in the management of back pain, but the effect is modest and comes with greater adverse effects. The medication effect is greatest in the first 4 days, suggesting shorter courses may be better. Treatment should be brief and not recommended to be used longer than 2-3 weeks. Request is not reasonable as there is no documentation of spasms on exam and patient has been taking medication for longer than 3 weeks and it is not recommended for long term use. Therefore, Cyclobenzaprine 7.5 mg #30 is not medically necessary and appropriate.