

<b>Case Number:</b>	CM14-0031645		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	03/27/2012
<b>Decision Date:</b>	07/17/2014	<b>UR Denial Date:</b>	02/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/12/2014

### 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 and is licensed to practice in Texas and Ohio. 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 34 year old female who reported an injury on 03/27/2012 due to a fall. The injured worker had complaints of pain left side of the back, neck, leg, and arm. The pain was described as aching, dull and throbbing. The pain was rated at 6/10. States the pain occurs frequently lasting most of the day. Physical examination on 03/03/2014 revealed tenderness to palpation in the left lumbosacral region. Trigger points palpated in the upper trapezius, mid-trapezius and lumbar region on the left. Lumbar spine forward flexion was to 90 degrees, extension was to 20 degrees. Hawkin's test positive on the left, Speed's test positive on the left. Positive McMurray's test on the left knee. Diagnostic studies submitted were MRI and EMG. There was mild facet hypertrophy at L4-L5 and L5-S1. Electromyography study and nerve conduction study revealed evidence for probable left L5 radiculopathy. Diagnosis was reported as sprains and strains of lumbar region. Medications were amitiza 24mcg one twice daily, Ativan 0.5mg one twice daily, cyclobenzaprine 5mg one daily as needed, Norco 5/325mg one daily as needed, docusate sodium 100mg one twice daily, Prozac 20mg one daily. The treatment plan was to refer patient for functional restoration program and to continue medications as prescribed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cyclobenzaprine 5 mg, QTY: 30:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antispasmodics, Cyclobenzaprine Page(s): 68.

**Decision rationale:** The request for cyclobenzaprine 5mg quantity thirty is non-certified. Cyclobenzaprine is a muscle relaxant and should only be used for a short course of therapy. California Medical Treatment Utilization Schedule states recommended for a short course of therapy. Limited, mixed-evidence does not allow for a recommendation for chronic use. This medication is not recommended to be used for longer than 2-3 weeks. Also the submitted request is lacking directions on how to take. The injured worker has been taking this medication for at least one year. The request is non-certified.

**Amitiza 24 mcg, QTY: 60 with 3 refills:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (chronic).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Initiating Therapy Page(s): 77.

**Decision rationale:** The request for Amitiza 24mcg quantity of sixty is non-certified. The injured worker is taking docusate sodium 100mg one twice a day. The injured worker is taking Norco for pain which can cause constipation. California Medical Treatment Utilization Schedule states prophylactic treatment of constipation should be initiated. However, the request does not include the frequency. Therefore, the request is non-certified.