

Case Number:	CM14-0050636		
Date Assigned:	06/25/2014	Date of Injury:	09/13/2010
Decision Date:	07/22/2014	UR Denial Date:	03/13/2014
Priority:	Standard	Application Received:	03/24/2014

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 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:

This patient sustained an injury on 9/13/10 while employed by [REDACTED]. The patient has underwent Cervical fusion at C5-7; L5-S1 hemilaminotomy with L3-4 laminotomy and revision of L5-S1 hemilaminotomy in November 2012. Diagnoses include Grade 1 anterolisthesis at L3-4/ retrolisthesis L4-5, L5-S1/ multiple lumbar HNP with stenosis; Cervical canal stenosis/ cervicogenic vs. neurogenic headaches/ C6-7 pseudoarthrosis. The patient's last CT scan of 5/2/12 showed osteophyte of C3-4 to C6-7 with neural canal narrowing on left C6-7 and right C5-6. Conservative care has included postoperative PT, HEP, Gabapentin, Cyclobenzaprine, Norflex, Norco, Lidopro cream, and activity modification. A report dated 1/20/14 noted the patient with ongoing neck and low back pain rated at 9/10 and 6/10 respectively; with symptoms radiating to bilateral upper extremities and left lower leg. The patient last worked in 2010. Medications have helped with pain and normalization of function. Exam showed diffuse tenderness to palpation of the cervical and lumbar spine; diffuse motor weakness of 4+ to 5-/5 in upper and lower extremities muscles; hyporeflexive or absent reflexes; diminished sensation in left L5 and S1 dermatomes; and positive SLR of 30 degrees on left with positive Spurling's and slump tests. Treatment recommendations include PT, pain psychology and medications. The request for Cyclobenzaprine 7.5 mg tablet was non-certified on 3/13/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

#60 Cyclobenzaprine 7.5 mg tablet: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 128.

Decision rationale: The MTUS Chronic Pain Guidelines do not recommend long-term use of this muscle relaxant for this chronic injury of 2010. Additionally, the efficacy in clinical trials has been inconsistent and most studies are small and of short duration. These medications may be useful for chronic musculoskeletal pain, but there are no long term studies of their effectiveness or safety. Submitted reports have not adequately demonstrated the indication or medical need for this treatment and there is no report of significant clinical findings, acute flare-up or new injury to support for its long-term use. There is no report of functional improvement resulting from its previous treatment to support further use as the patient remains with unchanged symptom complaints and clinical findings without any report of new injuries or flare-ups. As such, the request is not medically necessary and appropriate.