

Case Number:	CM14-0050859		
Date Assigned:	06/25/2014	Date of Injury:	10/20/1999
Decision Date:	07/25/2014	UR Denial Date:	03/18/2014
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 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 53 year old male with a reported date of injury of 10/20/1999. The mechanism of injury was not provided within the documentation available for review. The injured worker presented with bilateral shoulder, neck, and low back pain rated at 8- 9/10. According to the clinical documentation, the injured worker has previously participated in acupuncture, chiropractic care and physical therapy; the results of which were not provided within the documentation available for review. Upon physical examination, the injured worker presented with decreased range of motion of the cervical and lumbar spine, normal strength with all movements of upper limbs, and upper and lower extremity sensation intact. The injured worker's diagnoses included cervical stenosis at C5-6 and C6-7, right lumbar radiculopathy, status post bilateral carpal tunnel release, status post left shoulder surgery and severe GI pathology, including rectal bleeding. The injured worker's medication regimen included tramadol ER, Senna, omeprazole, Flexeril, Pamelor, Docuprene, and Cyclobenzaprine. The request for authorization for 1 medication review for Cyclobenzaprine 7.5 mg #60 as an outpatient, for low back pain was not submitted. The rationale for the request included the Cyclobenzaprine once a day for severe muscle spasms and low back pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Medication review for Cyclobenzaprine 7.5mg #60 as an outpatient, for low back pain:
Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Goodman and Gillman's The Pharmacological Basis of Therapeutics, 11 ed. McGraw Hill, 2006, the Physician's Desk Reference, 68th ed, www.RxList.com, the ODG Workers Compensation Drug Formulary, Drugs.com, Epocrates Online, the AMDD Agency Medical Directors' Group Dose Calculator, and the ACOEM Low Back; Table 2, Summary of Recommendations, Low Back Disorders.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine Page(s): 41.

Decision rationale: The MTUS Chronic Pain Guidelines recommend Cyclobenzaprine as an option, using a short course of therapy. Cyclobenzaprine is more effective than placebo in the management of back pain; the effect is modest and comes with the price of greater adverse effects. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. Treatment should be brief. The clinical information provided for review indicates the injured worker has utilized Cyclobenzaprine prior to 2013. There is a lack of documentation related to the therapeutic long-term benefit of Cyclobenzaprine. The clinical information provided for review lacks documentation related to the injured worker's functional deficits to include range of motion values. There is a lack of documentation related to the injured worker's previous physical therapy and conservative care. In addition, the request as submitted failed to provide frequency and direction for use. The MTUS Chronic Pain Guidelines recommend Cyclobenzaprine on a short-term basis. As such, the request is not medically necessary and appropriate.