

Case Number:	CM14-0077680		
Date Assigned:	07/16/2014	Date of Injury:	06/05/2013
Decision Date:	09/16/2014	UR Denial Date:	05/19/2014
Priority:	Standard	Application Received:	05/23/2014

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 has 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:

The injured worker is a 37 year old male who sustained a low back injury on June 5, 2013 while lifting a five-gallon bucket. He was initially seen by the treating physician on October 31, 2013 with complaints of low back pain that radiated to his left lower extremity. He described his pain level as a 7-8/10 on a pain scale. His physical examination revealed tenderness over the paralumbar paraspinal region. His range of motion was full but positive for tenderness. The injured worker was reevaluated on March 12, 2014 with complaints of low back pain. He ranked the pain a 7/10. The pain increased with home exercise. On examination, there was a decreased lumbar range of motion with forward flexion. Tenderness was present over the lumbar paraspinal muscle. The injured worker returned on April 9, 2014 with low back pain rated 8/10. He reported that his pain was attenuated with help of medications with no side effects. Objective findings remained unchanged. During a follow-up visit on May 5, 2014, the injured worker complained of a constant burning sensation in his low back with an occasional pulling sensation and radiation to his mid back. He reported difficulty staying asleep due to pain and that Cyclobenzaprine had been very helpful. There was no change in the physical examination. In his subsequent visit on June 25, 2014, the injured worker described his low back pain with burning sensation as constant with severity of 6/10. He also described an occasional pulling sensation, occasional radiation to his mid back and left lower extremity with associated numbness as well as a tingling sensation to the left thigh. He reported that current pain management including medications, home exercises and use of a transcutaneous electrical nerve stimulation unit were helpful for pain control and without these interventions, his pain intensifies to 8/10 pain level. On examination, the lumbar range of motion was decreased and tenderness with spasm was present over the L4-L5 level.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective: Cyclobenzaprine 7.5mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-64.

Decision rationale: Prolonged use of this medication increases the injured worker's risk for adverse events and aberrant behavior. Moreover, a satisfactory response to treatment which requires a quantitative pain assessment, functional improvement and corroborative laboratory exam to support adherence to the prescribed medication regimen were not documented. As the injured worker has been utilizing Cyclobenzaprine for more than the prescribed time frame without any extenuating factors, continued use of Cyclobenzaprine is not medically necessary. The California Medical Treatment Utilization Schedule stipulates that prolonged use of muscle relaxants may lead to dependence and this medication is not recommended to be used for longer than 2-3 weeks. Therefore Cyclobenzaprine 7.5mg #30 is not medically necessary.