

Case Number:	CM14-0088177		
Date Assigned:	07/23/2014	Date of Injury:	12/16/2010
Decision Date:	09/16/2014	UR Denial Date:	05/16/2014
Priority:	Standard	Application Received:	06/12/2014

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 Occupational 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 male with date of injury 12/16/2010. Per primary treating physician's progress report dated 4/22/2014, the injured worker feels that his back pain is getting worse. He feels burning pain in his low back and right greater than left leg. He feels that sometimes his legs are weak and can be numb. He also reports continued pain in his neck and back, which he feels is worsening. He is having difficulty sleeping. He states that he wants to get better. He is frustrated. He explains that he tries to do exercises at home and walks, but he finds his pain can increase and he worries that he will hurt himself further. Pain is rated at 9/10. On examination he has tenderness to palpation of the thoracolumbar paraspinal muscles, hypertonicity of the lumbar paraspinal muscles, and reduced lumbar range of motion. He ambulates with a can and is deconditioned. Diagnoses include 1) cervical degenerative disc disease 2) thoracic discogenic syndrome 3) lumbar degenerative disc disease.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 7.5 MG tab one po qhs, #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine section, Muscle Relaxants (for pain) section Page(s): 41, 42, 63, 64.

Decision rationale: Cyclobenzaprine is recommended by the MTUS Guidelines for short periods with acute exacerbations, but not for chronic or extended use. These guidelines report that the effect of Cyclobenzaprine is greatest in the first four days of treatment. Chronic use of Cyclobenzaprine may cause dependence, and sudden discontinuation may result in withdrawal symptoms. Discontinuation should include a tapering dose to decrease withdrawal symptoms. This request however is not for a tapering dose. The request for Cyclobenzaprine 7.5 mg tab one po qhs, #30 is determined to not be medically necessary.