

Case Number:	CM14-0097569		
Date Assigned:	09/23/2014	Date of Injury:	09/06/2012
Decision Date:	11/05/2014	UR Denial Date:	05/12/2014
Priority:	Standard	Application Received:	06/18/2014

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 & Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas & Oklahoma. 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 41-year-old female who reported an injury on 09/06/2012. The injury reportedly occurred when a metal light fixture weighing approximately 30 pounds fell and hit the injured worker on the head, causing her to fall to the ground. The injured worker's diagnoses included cervical spine multilevel disc protrusions and disc desiccation, cervical radiculopathy, lumbar spine multilevel disc protrusion, lumbar radiculopathy, and headaches. The injured worker's past treatments included physical therapy, acupuncture, ice, and medications. The injured worker's diagnostic testing included an MRI of the cervical and lumbar spine performed on 11/26/2012. The findings of the cervical MRI were noted to be an annular tear at C5-6 level, and disc protrusions at the C3-4 level as well as C4-5, C5-6, and C6-7. The MRI of the lumbar spine findings were disc desiccation, a disc protrusion at L4-5, and a Schmorl's node at L5-S1. There were no relevant surgeries documented. On 04/17/2014, the injured worker complained of worsening upper back pain. She reported the pain to be moderate and occasionally severe and reported that the neck pain was associated with headaches. She also complained of persistent low back pain which she stated was mild and occasionally moderate. She reported that her pain was poorly controlled with medication. Upon physical examination, the injured worker was noted with pinwheel sensory dermatomes L1-S1 intact. The injured worker's medications included tramadol ER 150 mg, cyclobenzaprine 10 mg, ibuprofen 800 mg, and pantoprazole 20 mg. The request was for cyclobenzaprine 10 mg. The rationale for the request was not provided. The Request for Authorization form was not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 10mg QTY #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine, Muscle relaxants Page(s): 41; 64.

Decision rationale: The request for cyclobenzaprine 10 mg QTY #30 is not medically necessary. The California MTUS Guidelines may 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 at 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. Limited, mixed evidence does not allow for a recommendation for chronic use. This medication is not recommended to be used for longer than 2 to 3 weeks. Efficacy appears to diminish over time and prolonged use of some medications in this class may lead to dependence. Sedation is the most commonly reported adverse effect of muscle relaxant medications. The Guidelines recommend nonsedating muscle relaxants with caution as a second line option for short term treatment of acute exacerbations in patients with chronic low back pain. The injured worker complained of pain to her upper back and low back; however, the pain was not quantified. The documentation did not provide sufficient evidence of significant objective functional limitations. In the absence of documentation of a complete and thorough pain assessment (to include quantified current pain and the least reported pain over the period since the last assessment), and documented evidence of significant objective functional limitation, the request is not supported. Additionally, as the request was written, there was no frequency provided. Therefore, the request is not medically necessary.