

Case Number:	CM14-0099770		
Date Assigned:	07/28/2014	Date of Injury:	10/02/2011
Decision Date:	09/09/2014	UR Denial Date:	05/27/2014
Priority:	Standard	Application Received:	06/30/2014

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:

The injured worker is a 39-year-old female with a reported date of injury of 10/02/2011. The injury reportedly occurred when the injured worker was walking to the freezer and slipped and fell. Her diagnoses were noted to include neck sprain/strain, lumbar disc protrusion, lumbar radiculopathy, and bilateral knee internal rotation. Her previous treatments were noted to include physical therapy, epidural steroid injections, and medications. The progress note of an unknown dated revealed the injured worker complained of constant neck pain radiating to the upper extremities with numbness and tingling rated 6/10, constant low back pain radiating to the lower extremities with numbness and tingling rated 8/10, and frequent bilateral knee pain rated 6/10 to the right and 8/10 to the left. The pain without medications was rated 10/10 and with medications rated 7/10. The physical examination revealed a decreased range of motion to the cervical and lumbar spine. There was cervical spine spasm noted and a positive straight leg raise bilaterally. The request for authorization form was not submitted within the medical records. The request was for Cyclobenzaprine 7.5 mg #30 every 8 hours as needed #80; however, the provider's rationale was not submitted within the medical records.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 7.5 mg #30 q 8 prn #80: 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 Muscle Relaxants (for pain) Page(s): 63.

Decision rationale: The injured worker was noted to have cervical muscle spasms. The California MTUS Chronic Pain Medical Treatment Guidelines recommend non-sedating muscle relaxants with caution as a second line option for the short-term treatment of acute exacerbations in patients with chronic low back pain. Muscle relaxants may be effective in reducing pain and muscle tension and increasing mobility. However, in most low back pain cases, they show no benefit beyond NSAIDs in pain and overall improvement. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. Sedation is the most commonly related adverse effect of muscle relaxant medications. The physical examination revealed cervical muscle spasms; however, there is a lack of documentation regarding efficacy of this medication. Additionally, the documentation failed to provide when the injured worker was utilizing the Cyclobenzaprine. The guidelines recommend short-term utilization of this medication and more information is needed to make a determination. Therefore, the request is not medically necessary.