

Case Number:	CM13-0032962		
Date Assigned:	12/06/2013	Date of Injury:	10/20/1999
Decision Date:	04/14/2015	UR Denial Date:	09/19/2013
Priority:	Standard	Application Received:	10/02/2013

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: California, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, Pain Management

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 was a 53 year old male, at the initial time of this request, who sustained an industrial injury on 10/20/1999. The diagnoses have included displacement of cervical intervertebral disc without myelopathy. Treatment to date has included conservative measures. On 8/14/2013, the injured worker complained of bilateral shoulder, neck, and low back pain. Mild tenderness was noted in the cervical paraspinals bilaterally. Decreased sensation on the left C6 and C7 dermatomes was noted. Lumbar spine was tender to palpation, left greater than right. The request for authorization, dated 8/14/2013, included a request for Cyclobenzaprine 7.5mg. On 9/19/2013, Utilization Review (UR) non-certified a request for Cyclobenzaprine 7.5mg #90 (between 9/17/2013 and 11/01/2013), noting the lack of compliance with Official Disability Guidelines. The UR physician noted that the injured worker passed away (prior to peer to peer contact on 9/18/2013).

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 7.5mg #90: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: With regard to muscle relaxants, the MTUS CPMTG states: "Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement." Regarding Cyclobenzaprine: "Recommended for a short course of therapy. Limited, mixed-evidence does not allow for a recommendation for chronic use. Cyclobenzaprine is a skeletal muscle relaxant and a central nervous system depressant with similar effects to tricyclic antidepressants (e.g. amitriptyline). Cyclobenzaprine is more effective than placebo in the management of back pain, although the effect is modest and comes at the price of adverse effects." The patient is not being treated for an acute exacerbation of chronic back pain, so the requested treatment is not medically necessary.