

Case Number:	CM14-0180352		
Date Assigned:	11/05/2014	Date of Injury:	02/03/2011
Decision Date:	01/22/2015	UR Denial Date:	10/23/2014
Priority:	Standard	Application Received:	10/30/2014

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 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 female with date of injury 2/3/2011. Per primary treating physician report dated 9/15/2014, the injured worker complains of 7/10 low back pain with left lower extremity symptoms. She is status post remote lumbar decompression. She had an emergency room visit last week due to increased low back pain and lower extremity symptoms. She reports heightened function with medications at current dosing. Medications include cyclobenzaprine, which results in 2-3 point average decrease in pain and greater range of motion and improved tolerance to exercise. Lumbar range of motion percent of normal is flexion 60%, extension 50%, left and right lateral tilt 50%, left and right rotation 40%. Straight leg raise is positive on the left for pain at 30 degrees. There is diminished sensation left L5 and S1 dermatomal distribution. Strength of left EHL is 4/5, and left eversion is 4/5. She has difficulty arising from seated position. Gait is slightly antalgic. Spasm of lumboparaspinal musculature is decreased. Diagnoses include 1) left lumbar radiculopathy secondary to L5-S1 protrusion 2) status post remote lumbar decompression.

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: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Cyclobenzaprine, Muscle Relaxants (for pain) 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. Cyclobenzaprine is associated with a number needed to treat of three at two weeks for symptoms improvement in low back pain and is associated with drowsiness and dizziness. The request for Cyclobenzaprine 7.5mg #90 is determined to not be medically necessary.