

Case Number:	CM14-0186773		
Date Assigned:	11/14/2014	Date of Injury:	05/06/2011
Decision Date:	01/05/2015	UR Denial Date:	10/30/2014
Priority:	Standard	Application Received:	11/10/2014

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 Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in New Jersey. 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 patient is a 48-year-old man who sustained a work related injury on May 6, 2011. Subsequently, he developed low back pain. Prior treatments included: pharmacotherapy, physical therapy, chiropractic therapy, lumbar epidural injections, and lumbar fusion surgery in 2013 (L3-S1 posterior fusion with TLIF). According to a progress report dated September 23, 2014, the patient reported increased low back pain and muscle tightness/spasms. The patient also reported recent upset stomach that occurred 4 times a week. Examination of the lumbar spine revealed pain with extension, tenderness over paralumbar extensors, tenderness over facet joints, trigger points over lower back. Range of motion was limited due to pain and stiffness. Straight leg raising test was equivocal bilaterally. There was 5/5 motor strength at bilateral lower extremities with exception of 4+/5 extensor hallucis longus/extensor digitorum longus, strength left greater than right. Sensation was intact to light touch throughout bilateral lower extremities with exception of hypoesthesia bilateral L4dermatomes. Deep tendon reflexes: bilaterally symmetrical, babinski negative. UDS from May 2014 showed evidence of Norco; however, trace levels of Nucynta and tramadol were also noted. UDS of July 2014 showed consistent results. The patient was diagnosed with chronic pain syndrome, thoracic or lumbosacral neuritis or radiculitis, and lumbago. The provider requested authorization for Cyclobenzaprine HCL.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETRO: Cyclobenzaprine HCL 10 MG #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63.

Decision rationale: According to California (MTUS) guidelines, Cyclobenzaprine a non-sedating muscle relaxants is recommended with caution as a second line option for short term treatment of acute exacerbations in patients with chronic spasm and pain. Efficacy appears to diminish over time and prolonged use may cause dependence. The guidelines do not recommend usage for more than 2-3 weeks. The patient in this case does not have clear recent evidence of spasm and the prolonged use of Cyclobenzaprine is not justified. Therefore, the request for Cyclobenzaprine HCL 10 mg #60 is not medically necessary.