MAXIMUS Federal Services

Case Number:	CM14-0192795		
Date Assigned:	11/26/2014	Date of Injury:	09/13/2013
Decision Date:	01/13/2015	UR Denial Date:	10/22/2014
Priority:	Standard	Application Received:	11/18/2014

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 Interventional Spine 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 patient is a 31-year-old female with injury date of 09/13/13. Based on the 09/22/14 progress report, the patient complains of lower back pain rated 5/10. Pain worsens with increased in activities, and decreases with medication with pain rated 3/10. Physical examination to the lumbar spine revealed tenderness to palpation and spasm over bilateral paraspinals and bilateral gluteal muscles. Range of motion was decreased. Patient has been taking Cyclobenzaprine at least from progress report dated 04/25/14. Diagnosis 09/22/14-Lumbar spine disc protrusion-Lumbar annular tear -Negative EMG/NCVThe utilization review determination being challenged is dated 10/22/14. The rationale follows:1) PRESCRIPTION OF CYCLOBENZAPRINE: "...no report of an acute exacerbation....patient has previously been trialed on different doses of Flexeril (10mg and 7.5mg) without documented evidence of any improvement in function."2) 1 CONSULTATION WITH NEUROSURGICAL SPINE SPECIALIST: "...the patient has low back pain only with no peripheral complaints and a negative electrodiagnostic study....no specific surgical lesion identified." Treatment reports were provided from 01/23/14 to 11/17/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 PRESCRIPTION OF CYCLOBENZAPRINE 5MG #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-66.

Decision rationale: Patient presents with lower back pain rated 5/10. The request is for PRESCRIPTION OF CYCLOBENZAPRINE 5MG #60. Diagnosis dated 09/22/14 included lumbar spine disc protrusion and lumbar annular tear. Physical examination to the lumbar spine revealed tenderness to palpation and spasm over bilateral paraspinals and bilateral gluteal muscles. Range of motion was decreased.MTUS pg 63-66 states: "Muscle relaxants (for pain): Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. The most commonly prescribed antispasmodic agents are carisoprodol, cyclobenzaprine, metaxalone, and methocarbamol, but despite their popularity, skeletal muscle relaxants should not be the primary drug class of choice for musculoskeletal conditions. Cyclobenzaprine (Flexeril, Amrix, Fexmid, generic available): Recommended for a short course of therapy." Treater has not provided reason for the request. There is no evidence of a flare-up or a new injury. Review of reports show patient has used cyclobenzaprine at least from 04/25/14, which is almost 6 months from UR date of 10/22/14. The medication appears to be prescribed on a long-term basis. MTUS allows only short-term use of sedating muscle relaxants for flare-up's and new injuries. The request is not medically necessary.

1 CONSULTATION WITH NEUROSURGICAL SPINE SPECIALIST: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7, page 127, CONSULTATION

Decision rationale: Patient presents with lower back pain rated 5/10. The request is for 1 CONSULTATION WITH NEUROSURGICAL SPINE SPECIALIST. Diagnosis dated 09/22/14 included lumbar spine disc protrusion and lumbar annular tear. Physical examination to the lumbar spine revealed tenderness to palpation and spasm over bilateral paraspinals and bilateral gluteal muscles. Range of motion was decreased. ACOEM Practice Guidelines, 2nd Edition (2004), page 127 has the following: "The occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise."It would appear that the current treater feels uncomfortable with the medical issues and has requested for transfer to specialist. ACOEM supports specialty referrals. The request IS medically necessary.