

Case Number:	CM14-0198970		
Date Assigned:	12/09/2014	Date of Injury:	09/14/2000
Decision Date:	01/22/2015	UR Denial Date:	11/17/2014
Priority:	Standard	Application Received:	11/26/2014

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:

This is a 60 year old gentleman who sustained a work related injury to the lower back on 9/14/2000. The mechanism of injury has not been provided. He is status post lumbar fusion. No date for the surgery has been provided. Per the Primary Treating Physician's Progress Report dated 10/30/2014, the injured worker reported chronic pain that has been stable on his current regimen of medications. Physical Examination revealed strength and sensation are intact in the lower extremities. He is able to ambulate with a cane and stands forward bent at the hips. He transitions with some effort from sit to stand. Sleep is variable. The plan of care included medications. The provider reports that his behavior has been stable without any aberrant behavior and his CURES report is stable. The Fentanyl has been titrated down but he has been on this regimen of medications for many years. On 11/17/2014, Utilization Review non-certified a prescription for Cyclobenzaprine 10mg #90 based on lack of medical necessity. Long term use is not recommended per the guidelines. The California MTUS Chronic Pain Medical Treatment Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 10mg #90: Upheld

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

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

Decision rationale: According to 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 using muscle relaxants for more than 2-3 weeks. The patient in this case does not have clear significant functional improvement with prior use of muscle relaxants. There is no indication of recent evidence of spasm. Cyclobenzaprine was previously used without clear documentation of efficacy. Therefore, the request for Cyclobenzaprine 10mg # 90 is not medically necessary.