

Case Number:	CM14-0199101		
Date Assigned:	12/09/2014	Date of Injury:	11/19/2012
Decision Date:	01/22/2015	UR Denial Date:	10/28/2014
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:

The patient is a 55-year-old man who sustained a work-related injury on November 19, 2012. Subsequently, he developed chronic low back pain. Prior treatments included: use of a back brace, physical therapy without improvement, acupuncture, and medications. MRI of the lumbar spine dated December 19, 2013 showed mild degenerative spondylosis at L3-4 and L4-5, most pronounced at L4-5, causing moderate left and mild right narrowing of the lateral recesses, with abutment of the traversing left L5 nerve root, without significant neural foraminal stenosis. At L3-4, there was minimal narrowing of the right neural forearm without significant central or forearm stenosis. EMG/NCV study performed in February 14, 2014 documented no evidence of acute-subacute lumbar radiculopathy and peripheral neuropathy. According to the progress report dated October 3, 2014, the patient continued to have back pain, buttock pain and radiating left leg pain. He was unable to get back to a work status. Physical examination revealed 2+ lumbar paraspinous muscle spasm. He was tender to palpation along these muscles. Deep tendon reflexes were equal and symmetric at the knees and ankles. Motor strength was 5-/5 left extensor hallicus longus. He had a positive straight leg raise sign on the left at 60 degrees. Sensation was decreased to light touch and pinprick in the L5 dermatome on the left. A UDS dated January 24, 2013 was noted to be inconsistent with no evidence of Cyclobenzaprine use. A UDS dated January 24, 2014 was negative for Cyclobenzaprine, there was no evidence of the use of Tramadol or other opioids. The patient was diagnosed with lumbosacral strain with disc bulge at L4-5 and left L5 radiculopathy. The provider requested authorization to use Cyclobenzaprine HCL.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine HCL 7.5mg tablet/ Fexmid #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 41-42.

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 to be used 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 7.5mg #60 is not medically necessary.