

Case Number:	CM14-0201880		
Date Assigned:	12/12/2014	Date of Injury:	01/03/2012
Decision Date:	01/30/2015	UR Denial Date:	11/18/2014
Priority:	Standard	Application Received:	12/02/2014

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 Family Practice, and is licensed to practice in New Jersey & New York. 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 injured worker is a 45 year-old male who was injured on 1/3/12 when he pulled on an 18 pound battery core when he felt and heard a snapping sound in his low back and felt immediate lower back pain. The patient complained of neck and back pain. He had right leg pain radiating to his toes. He had persistent spasms in his back. On exam, he had tender lumbar paraspinal muscles, left greater than right, decreased range of motion, decreased sensation at L5 and S1 dermatomes, and normal muscle strength. A 3/2014 electrodiagnostic test showed no clear evidence of a specific entrapment or traumatic neuropathy or acute or chronic denervating changes. A 4/2013 MRI of the lumbar spine showed disc desiccation at L5-S1, diffuse disc herniation with bilateral neural foraminal and spinal stenosis. He was diagnosed with lumbar radiculopathy, lumbar disc herniation with neural foraminal narrowing and cervical disc herniation with stenosis. He was treated with chiropractic sessions, acupuncture, and physical therapy. His medications included Norco, Flexeril, and Pamelor which helped decrease his pain by 20-25%. The current request is for cyclobenzaprine which was denied by utilization review on 11/18/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 7.5mg # 30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 64.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Cyclobenzaprin Page(s): 41 and 42.

Decision rationale: The use of Cyclobenzaprine for lumbar pain is medically unnecessary at this point. It is indicated for short-term use with best efficacy in the first four days. The effect is modest and comes with many adverse side effects including dizziness and drowsiness. The patient is currently on Norco as well which may contribute to dizziness and drowsiness as well. The use of cyclobenzaprine with other agents is not recommended. There are statements documenting improvement in pain by 20-25% while using his medications but no specific details are listed as to functional improvement. This muscle relaxant is useful for acute exacerbations of chronic lower back pain but not for chronic use. Therefore, continued use is considered not medically necessary.