

Case Number:	CM15-0001493		
Date Assigned:	01/12/2015	Date of Injury:	07/30/2014
Decision Date:	04/22/2015	UR Denial Date:	12/09/2014
Priority:	Standard	Application Received:	01/05/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: California
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 49 year old male, who sustained an industrial injury on 7/30/2014. Currently he reported intermittent cervical spine spasms and pain, and constant lumbar spine spasms and pain with numbness/tingling and buckling of the left lower extremity. The injured worker has been diagnosed with, and/or impressions were noted to include, cervical sprain/strain; radiating lumbosacral sprain/strain/pain; and lumbosacral discopathy. Treatments to date have included medical consultations; magnetic resonance imaging studies of the lumbar spine (10/2014); 6 therapy sessions with electrostimulation, strengthening and stretching exercises; and medication management. The initial orthopedic evaluation, on 11/19/2014, note complaints to the cervical spine and lumbar spine, as well as with changes in mood, sleep, sexual dysfunction, anxiety and depression, and with social withdraw; that exercising exacerbated his pain and electrical stimulation slightly helped his pain; that the injured worker was released to a modified work duty; and that 2 medications were ordered to help with muscle spasm and pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 7.5mg #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): 63-66.

Decision rationale: The 11/19/14 report by [REDACTED] states that the patient presents with low back pain and left leg radiculopathy. The current request is for CYCLOBENZAPRINE 7.5 mg #60. The RFA included is dated 12/03/14. MTUS guidelines page 64 states the following, "Cyclobenzaprine is recommended for a short course of therapy. Limited, mixed-evidence does not allow for a recommendation for chronic use." MTUS guidelines for muscle relaxant for pain page 63 state, "Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP." MTUS does not recommend more than 2 to 3 weeks for use of the medication. Only one report is included for review, dated 11/19/14, from the requesting provider, [REDACTED]. This report shows a request for authorization for Cyclobenzaprine 7.5mg #60 take 1 tablet 3 times a day as needed for muscle spasms. It is unclear if the current request is from the 11/19/14 report or 12/03/14 RFA or when the patient was first prescribed this medication. Reports from other physicians show the patient was prescribed a muscle relaxant, Orphenadrine, from at least 08/22/14 to 09/24/14. In this case, guidelines recommend short-term use of no more than 2-3 weeks, and there is no evidence that the patient is prescribed this medication on a short-term basis. The treater does not discuss length of use of the medication. The request IS NOT medically necessary.