

Case Number:	CM15-0004893		
Date Assigned:	01/16/2015	Date of Injury:	01/20/2010
Decision Date:	03/12/2015	UR Denial Date:	12/31/2014
Priority:	Standard	Application Received:	01/09/2015

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, Indiana, New York
Certification(s)/Specialty: Internal Medicine

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 54 year old male with an industrial injury dated 1/20/2010. The diagnoses included chronic lumbar sprain/strain, injury to knee, ankle or leg and lumbosacral or thoracic neuritis. The diagnostics included x-rays and magnetic resonance imaging. The treatments were home exercise, TENS, medications, acupuncture therapy, left knee surgery 4/8/2010, epidural steroid injections, and physical therapy. The treating provider's progress note described spasms to lumbar spine, ambulating with a cane with pain radiation to the left lower extremity and describing pain on motion. The UR determination denied request on 12/31/2014 for Cyclobenzaprine 7.5mg #60 citing MTUS Chronic Pain Treatment Guidelines, Muscle Relaxants.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 7.5mg QHS #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-66. Decision based on Non-MTUS Citation Pain section, Muscle relaxants

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Cyclobenzaprine 7.5 mg one tablet QHS #60 is not medically necessary. Muscle relaxants are recommended as a second line option for short-term (less than two weeks) treatment of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back. Efficacy appears to diminish over time and prolonged use may lead to dependence. In this case, the injured worker's working diagnoses are lumbar sprain/strain; injury to the knee, leg or ankle; status post left knee surgery; and lumbosacral or thoracic neuritis or radiculitis, unspecified. Subjectively, the injured worker complains of back and left knee pain. Numbness and tingling radiating down the bilateral lower extremities, left greater than right. Pain increases with prolonged standing and walking. Objectively, lumbar range of motion is decreased. There is tenderness to palpation at the lumbar spine and the injured worker ambulates with the cane. There is no documentation of muscle spasm in the thoracic or lumbar region. The documentation shows the injured worker has been taking cyclobenzaprine as far back as June 28, 2014. The documentation does not contain evidence of objective functional improvement for ongoing cyclobenzaprine use. Additionally, cyclobenzaprine is indicated for short-term (less than two weeks) treatment of acute low back pain or short-term treatment of acute exacerbation of chronic low back pain. The injured worker has been taking cyclobenzaprine for approximately 9 months in clear excess of the recommended guidelines. Consequently, absent clinical documentation with objective functional improvement to support the ongoing use of cyclobenzaprine and clear excess of the recommended guidelines (less than two weeks), cyclobenzaprine 7.5mg one tablet QHS #60 is not medically necessary.