

Case Number:	CM15-0105412		
Date Assigned:	06/15/2015	Date of Injury:	07/10/1987
Decision Date:	07/14/2015	UR Denial Date:	05/20/2015
Priority:	Standard	Application Received:	06/01/2015

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: Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management

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 74 year old male, who sustained an industrial injury on July 10, 1987. He reported low back pain. The injured worker was diagnosed as having lumbar disc disorder with myelopathy, lumbar or lumbosacral disc degeneration and lumbago. Treatment to date has included diagnostic studies, conservative care and activity restrictions. The 2104 EMG /NCV studies of the lower extremities was reported as normal. Currently, the injured worker complains of continued low back pain. The injured worker reported an industrial injury in 1987, resulting in the above noted pain. He was treated conservatively without complete resolution of the pain. Evaluation on December 17, 2014, revealed continued pain as noted. It was noted that the current medications were not effective. He reported he wished to avoid surgical intervention but would like a back brace for support. Transforamina lumbar epidural injections were also requested. He also noted wishes to avoid narcotics. A muscle relaxer was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine HCL: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 41-42. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Muscle relaxants.

Decision rationale: The CA MTUS and the ODG guidelines recommend that muscle relaxants can be utilized for short-term treatment of exacerbation of musculoskeletal pain that did not respond to standard treatment with NSAIDs and PT. The chronic use of muscle relaxants can be associated with the development of tolerance, dependency, addiction, sedation and adverse interaction with other sedative medications. The records did not show that the patient failed treatments with NSAIDs or non-opioid co-analgesics. It was noted that the current medications were ineffective. There is no guidelines or FDA support for the use of cyclobenzaprine in non-oral formulations. The criteria for the use of cyclobenzaprine HCL 100% were not met.