

Case Number:	CM15-0133183		
Date Assigned:	07/16/2015	Date of Injury:	04/01/2011
Decision Date:	08/19/2015	UR Denial Date:	06/04/2015
Priority:	Standard	Application Received:	07/09/2015

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: North Carolina
 Certification(s)/Specialty: Family Practice

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 51 year old female who sustained an industrial injury on 4/1/11 from a slip and fall where she fell forward on both knees. She currently complains of low back pain secondary to injury with L4-5 radiculitis left greater than right with radiation to the left lower extremity and a pain level of 7-8/10. In addition she has pain and spasms with range of motion. She has constant left knee pain with pain level of 5-6/10, pain with range of motion and uses a cane for ambulation. Medications were Flexeril, omeprazole, famotidine, Tramadol, topiramate, Lidopro topical. Diagnoses include status post lumbar surgery: bilateral left to right interlaminar decompression, cauda equine decompression and microdiscectomy (12/5/12); medial meniscal injury to the left knee, status post-surgery (5/25/12); lumbalgia/ lumbar intervertebral disc disease; lumbar sprain/ strain; lumbar radiculitis; hip or thigh strain; knee sprain/ strain; weight gain. Treatments to date include transcutaneous electrical nerve stimulator unit with benefit; home exercise program; back support; seat cushion; lumbar pillow; cognitive behavioral therapy with benefit. In the progress note dated 5/22/15 the treating provider's plan of care included a request for cyclobenzaprine 7.5 mg # 90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 7.5 mg Qty 90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-65.

Decision rationale: The California chronic pain medical treatment guidelines section on muscle relaxants states: Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. (Chou, 2007) (Mens, 2005) (Van Tulder, 1998) (van Tulder, 2003) (van Tulder, 2006) (Schnitzer, 2004) (See, 2008) Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement. Also there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. (Homik, 2004) (Chou, 2004). This medication is not intended for long-term use per the California MTUS. The medication has not been prescribed for the flare-up of chronic low back pain. This is not an approved use for the medication. For these reasons, criteria for the use of this medication have not been met. Therefore the request is not medically necessary.