

Case Number:	CM15-0139108		
Date Assigned:	07/29/2015	Date of Injury:	04/01/2014
Decision Date:	08/31/2015	UR Denial Date:	06/18/2015
Priority:	Standard	Application Received:	07/17/2015

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 (IW) is a 38-year-old male who sustained an industrial injury 04/01/2014. Diagnoses/impressions include lumbar spine radiculitis; rule out lumbar spine disc injury; and lumbar spine myofasciitis. Treatment to date has included medications, activity modification, physical and physiotherapy and chiropractic care. Electrodiagnostic testing of the lower extremities on 7/21/14 was normal. MRI on 5/30 14 showed mild disc degeneration at L4-5 and L5-S1. According to the PR2 dated 6/2/15, the IW reported low back pain rated 6/10 with occasional shooting right leg pain when sitting and/or standing too long. On examination, his gait was slow and guarded. The lumbar paravertebral muscles were tender to palpation. Straight leg raise was positive on the right. There was weakness in the right leg to the ankle on lumbar extension. A request was made for Cyclobenzaprine 7.5mg, #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 7.5mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page (s): 63-64.

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

Decision rationale: The patient presents on 07/10/15 with unrated lower back pain following recent flare-up, rated 6/10. The patient's date of injury is 04/01/14. Patient has no documented surgical history directed at this complaint. The request is for CYCLOBENZAPRINE 7.5 MG #90. The RFA is dated 07/13/15. Physical examination dated 07/10/15 reveals tenderness to palpation of the lumbar spine, and positive straight leg raise bilaterally, worse on the right. The patient is currently prescribed Norco, Cyclobenzaprine, and Pantoprazole. Diagnostic imaging included lumbar MRI dated 05/30/14, significant findings include: "Mild disc degeneration at L4-5 and L5-S1." Per 07/10/15 progress note, patient is advised to return to work with restrictions. MTUS Chronic Pain Medical Treatment Guidelines, page 63-66 states: "Muscle relaxants: Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. The most commonly prescribed antispasmodic agents are carisoprodol, cyclobenzaprine, metaxalone, and methocarbamol, but despite their popularity, skeletal muscle relaxants should not be the primary drug class of choice for musculoskeletal conditions." In regard to the request for Cyclobenzaprine, the provider has specified an excessive duration of therapy. This patient has been prescribed Cyclobenzaprine since at least 06/11/15. Guidelines indicate that muscle relaxants such as Cyclobenzaprine are considered appropriate for acute exacerbations of lower back pain. However, MTUS Guidelines do not recommend use of Cyclobenzaprine for longer than 2 to 3 weeks, the requested 90 tablets in addition to prior use does not imply short duration therapy. Therefore, the request IS NOT medically necessary.