MAXIMUS Federal Services

Case Number:	CM15-0146241		
Date Assigned:	08/07/2015	Date of Injury:	06/02/2014
Decision Date:	09/10/2015	UR Denial Date:	07/14/2015
Priority:	Standard	Application Received:	07/28/2015

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: 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:

This injured worker is a 48 year old male who reported an industrial injury on 6-2-2014. His diagnoses, and or impression, were noted to include: low back pain-lumbago; muscle spasms; sacroiliac joint dysfunction, right > left; chronic pain syndrome; and non-industrial hypertension. No current imaging studies were noted. His treatments were noted to include acupuncture treatments; trans-cutaneous electrical stimulation unit therapy; medication management; and modified work duties. The progress notes of 7-15-2015 reported continued radiating low back pain, into the lower extremities, associated with numbness and tingling, and helped by 30-40% with medications. Objective findings were noted to include elevated blood pressure; tenderness in the lumbar para-spinal muscles that were with decreased range-of-motion. The physician's requests for treatments were noted to include the continuation of Cyclobenzaprine to help manage low back spasms.

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: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: This patient receives treatment for chronic low back pain. This relates to an industrial injury dated 06/02/2014. The patient's medical diagnoses include low back strain and SI dysfunction. This review addresses a request for Cyclobenzaprine. On exam there is limited ROM of the lumbar spine. SLR is negative at 85 degrees. Exam of strength, sensation, and reflexes are normal. Cyclobenzaprine is a muscle relaxer, which may be medically indicated for the short-term management of acute muscle spasm as a second-line agent. Using Cyclobenzaprine over the long-term (more than 2-3 weeks) is not recommended. Studies show little benefit in doing so and the patient may experience untoward side effects with ongoing use of this muscle relaxer. Side effects include sedation and medication dependence. Cyclobenzaprine is not medically necessary.