

Case Number:	CM15-0148421		
Date Assigned:	08/11/2015	Date of Injury:	07/29/2013
Decision Date:	09/14/2015	UR Denial Date:	07/22/2015
Priority:	Standard	Application Received:	07/30/2015

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:

The injured worker is a 37 year old female, who sustained an industrial injury on 7-29-2013. Diagnoses include chronic pain, cervical radiculitis, carpal tunnel syndrome, lumbosacral neuritis and myofascial pain. Treatment to date has included medications including cyclobenzaprine, gabapentin and naproxen. Per the Primary Treating Physician's Progress Report dated 7-07-2015, the injured worker reported neck and low back pain. Physical examination revealed tenderness over the paraspinal muscles overlying the facet joints on both sides and 1+ muscle spasm noted over the trapezius muscles on both sides. The plan of care included medication management and authorization was requested for naproxen 500mg #60, gabapentin 300mg #60, and cyclobenzaprine 5mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 5mg tablet, take one tablet twice a day by mouth as needed #60 (prescribed 7-7-15): 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 for pain Page(s): 63-65.

Decision rationale: This patient receives treatment for chronic cervical pain and lumbar pain. The medical diagnoses include cervical sprain, lumbar sprain and headaches. This review addresses a request for refills of cyclobenzaprine 5mg #60. On physical exam, there is slightly decreased sensation in the S1 dermatome. The reflexes are normal as is the gait. There is tenderness to palpation of the facet joints of the lower back and the paralumbar muscles. 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 as it puts the patient at risk for side effects. Side effects include sedation and medication dependence. Cyclobenzaprine is not medically indicated.