

Case Number:	CM15-0148540		
Date Assigned:	08/11/2015	Date of Injury:	11/06/2013
Decision Date:	09/24/2015	UR Denial Date:	07/01/2015
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: Physical Medicine & Rehabilitation, 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 32 year old male who sustained an industrial injury on 11-6-13. The mechanism of injury was unclear. He currently complains of low back pain with lower extremity symptoms with a pain level of 6 out of 10; thoracic pain (5 out of 10). With medication he is able to do activities of daily living such as light household duties, grocery shopping and cooking. On physical exam there was tenderness of the lumbar spine, decreased range of motion, positive straight leg raise; thoracic spine tenderness with decreased range of motion; spasms of the lumboparaspinal musculature. Medications were hydrocodone, tramadol, cyclobenzaprine, pantoprazole. Diagnoses include lumbar spine sprain, strain; lumbar radiculopathy. Treatments to date include physical therapy; heat; home exercise. In the progress note dated 5-12-15 the treating provider's plan of care requested cyclobenzaprine 7.5mg #90 as needed for intractable spasms and there was a request dated 5-18-15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Cyclobenzaprine 7.5mg qty 90 (DOS 6/19/15): Upheld

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

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

Decision rationale: Regarding the request for cyclobenzaprine, Chronic Pain Medical Treatment Guidelines support the use of non-sedating muscle relaxants to be used with caution as a 2nd line option for the short-term treatment of acute exacerbations of pain. Guidelines go on to state that cyclobenzaprine specifically is recommended for a short course of therapy. Within the documentation available for review, there is identification of objective functional improvement as a result of the cyclobenzaprine. However, it does not appear that this medication is being prescribed for the short-term treatment of an acute exacerbation, as recommended by guidelines. Given this, the current request is not medically necessary.