

Case Number:	CM15-0164136		
Date Assigned:	09/01/2015	Date of Injury:	09/02/2005
Decision Date:	10/05/2015	UR Denial Date:	07/23/2015
Priority:	Standard	Application Received:	08/21/2015

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: New Jersey, New York
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 50 year old male, who sustained an industrial injury on 9-02-2005. Diagnoses include chronic lumbar radiculopathy, status post anterior and posterior lumbar interbody fusion (ALIF-PLIF) at L4-5 and L5-S1 (12-2008) and chronic lumbar disc protrusion L1-2. Treatment to date has included surgical intervention (ALIF and PLIF 2008), as well as conservative treatment including diagnostics, medications, chiropractic, and home exercise. Per the Primary Treating Physician's Progress Report dated 6-17-2015, the injured worker reported flare-ups to the lower back and pain with an attempt to increase activity. Physical examination of the thoracic spine revealed tenderness to palpation in the upper, mid and lower paravertebral muscles with mild limitation of motion. Examination of the lumbar spine revealed right lower muscle spasm and tenderness to palpation in the upper, mid and lower paravertebral muscles. Range of motion was flexion to 15 degrees, 20 degrees right lateral bending, 10 degrees left lateral bending, 20 degrees right lateral rotation, 10 degrees left lateral rotation and extension 15 degrees. The plan of care included medication management. Authorization was requested 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.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Cyclobenzaprine Page(s): 41-42.

Decision rationale: The use of cyclobenzaprine for lumbar pain is medically unnecessary at this point. It is indicated for short-term use with best efficacy in the first four days. The effect is modest and comes with many adverse side effects including dizziness and drowsiness. The patient is currently on Norco as well which may contribute to dizziness and drowsiness as well. The use of cyclobenzaprine with other agents is not recommended. This muscle relaxant is useful for acute exacerbations of chronic lower back pain but not for chronic use. Therefore, continued use is considered not medically necessary.