

Case Number:	CM15-0180508		
Date Assigned:	09/22/2015	Date of Injury:	02/18/2009
Decision Date:	10/26/2015	UR Denial Date:	08/26/2015
Priority:	Standard	Application Received:	09/14/2015

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: Emergency Medicine

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 39 year old female, who sustained an industrial injury on February 18, 2009. The initial symptoms reported by the injured worker are unknown. The injured worker was recently diagnosed as status post revision fusion December 5, 2014. Treatment to date has included diagnostic studies, surgery, physical therapy and medications. She was noted to fail physical therapy due to pain. On July 3, 2015, the injured worker complained of low back pain with left rhythm right lower extremity symptoms. The pain was rated as a 7 on a 1-10 pain scale. She complained of a decline in tolerance to a variety of activities, including standing and walking. She complained of instability and near falls at times. On the day of exam, her medication included hydrocodone, cyclobenzaprine and tramadol. Medication was noted to facilitate "improved tolerance to a variety of activity." The treatment plan included an interventional pain management consultation, weight loss program, cyclobenzaprine, tramadol and hydrocodone. On August 26, 2015, utilization review denied a request for Cyclobenzaprine 7.5mg #60.

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: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

Decision rationale: CA MTUS Chronic Pain Treatment Guidelines, Muscle Relaxants, Page 63-66, do not recommend muscle relaxants as more efficacious than NSAIDs and do not recommend use of muscle relaxants beyond the acute phase of treatment. The injured worker has low back pain with left and right lower extremity symptoms. The pain was rated as a 7 on a 1-10 pain scale. She complained of a decline in tolerance to a variety of activities, including standing and walking. She complained of instability and near falls at times. The treating physician has not documented duration of treatment, spasticity or hypertonicity on exam, intolerance to NSAID treatment, nor objective evidence of derived functional improvement from its previous use. The criteria noted above not having been met, Cyclobenzaprine 7.5mg #60 is not medically necessary.