

Case Number:	CM15-0180637		
Date Assigned:	09/22/2015	Date of Injury:	03/19/2014
Decision Date:	10/27/2015	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: New York, West Virginia, Pennsylvania
 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 47 year old female, who sustained an industrial injury on March 19, 2014. She reported neck pain, thoracic pain and low back pain. The injured worker was diagnosed as having protrusion of lumbar 4-5 and lumbar 5-sacral 1 with foraminal narrowing, lumbar radiculopathy and lumbar myofascial pain. Treatment to date has included diagnostic studies, trigger point injections (failed), physical therapy, home exercises, TENS unit, LSO brace, activity modification, medications and work restrictions. Currently, the injured worker continues to report neck pain, thoracic pain and low back pain with associated lower extremity symptoms. The injured worker reported an industrial injury in 2014, resulting in the above noted pain. She was without complete resolution of the pain. Evaluation on June 12, 2005, revealed continued pain as noted. She rated her cervical pain at 6, thoracic pain at 5 and low back pain at 8 on a 1-10 scale with 10 being the worst. It was noted she had multiple lumbosacral trigger points, a decline in activity and a decline in function. Cyclobenzaprine was continued. Evaluation on July 31, 2015, revealed continued pain as noted. She rated her low back pain at 7, her neck pain at 6 and her thoracic pain at 5 on a 1-10 scale with 10 being the worst. It was noted with the current medications she was able to maintain doing activities of daily living. She noted NSAIDs decreased her pain level by 2 points. She also denied gastrointestinal symptoms with the current dose of NSAID. It was also noted before starting Cyclobenzaprine spasms were "refractory" to activity modification, stretching, heat, physical therapy and home exercises. She noted Cyclobenzaprine decreased spasms for 4-6 hours and facilitated increased range of motion, tolerance to exercise and decreased pain by 2-3 points on

average. Examination of the lumbar spine revealed lumboparaspinal musculature. It was noted she had a slow and deliberate, non- analgic gait. The RFA included a request for Cyclobenzaprine 7.5mg #90 and was non-certified on the utilization review (UR) on August 26, 2015.

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 Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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

Decision rationale: Guidelines recommend muscle relaxants as a second line option for short-term treatment of acute exacerbations of pain, but they do not show any benefit beyond NSAIDs. In this case, the patient has been on cyclobenzaprine for a duration of time which exceeds guidelines. The request for cyclobenzaprine 7.5 mg #90 is not medically appropriate or necessary.