

Case Number:	CM15-0181658		
Date Assigned:	09/22/2015	Date of Injury:	05/20/2010
Decision Date:	11/03/2015	UR Denial Date:	09/02/2015
Priority:	Standard	Application Received:	09/15/2015

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, Hawaii
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 51 year old woman sustained an industrial injury on 5-20-2015. Evaluations include undated cervical, thoracic, and lumbar spine MRIs and an undated lumbar spine x-ray. Diagnoses include lumbosacral spondylosis without myelopathy, lumbar radiculopathy, and lumbar post-laminectomy syndrome. Treatment has included oral medications, use of a walker, psychological care, spinal cord stimulator, and surgical intervention. Physician notes dated 8-26-2015 show complaints of continued axial low back pain rated 5-7 out of 10 with radiation to the bilateral lower extremities, primarily the left, including frequent spasms in the legs post-operatively. Further complaints include muscle aches, muscle weakness, arthralgia-joint pain, weakness, numbness, and restless legs. The physical examination shows moderate pain with bilateral rotation of the lumbar spine, straight leg raises were negative bilateral at 70 degrees, moderate pain was noted with lumbar extension and flexion, paravertebral tenderness was noted to the lumbar facet joints, and sacral pains were noted without tailbone pain. The motor examination was normal in the bilateral lower extremities, strength was 4 out of 5 bilaterally, and sensation is grossly intact. Recommendations include Hydrocodone-Acetaminophen, MS Contin, Gabapentin, Cymbalta, Ibuprofen, consider lumbar medial branch block, urine drug screen, Flexeril was denied last month, follow up in four weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 10mg #90: 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: The patient presents with pain affecting the low back with radiation to the bilateral lower extremities. The current request is for Cyclobenzaprine 10mg #90. The treating physician report dated 8/26/15 (7B) notes that the patient was prescribed cyclobenzaprine on 7/29/15. The UR report dated 9/2/15 (5A) states, "A quantity sufficient for one month for short-term use was certified on 8/14/15. MTUS guidelines for muscle relaxants state the following: Recommended for a short course of therapy. Limited, mixed-evidence does not allow for a recommendation for chronic use." MTUS guidelines for muscle relaxants for pain page 63 states the following: "Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP." MTUS does not recommend more than 2-3 weeks for use of this medication. The medical reports provided indicate that the patient was prescribed this medication on 7/29/15. In this case, the use of the medication is outside the 2-3 weeks recommended by MTUS. The current request is not medically necessary.