

Case Number:	CM15-0193659		
Date Assigned:	10/28/2015	Date of Injury:	08/21/1987
Decision Date:	12/08/2015	UR Denial Date:	09/25/2015
Priority:	Standard	Application Received:	10/01/2015

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, Pennsylvania, Washington
 Certification(s)/Specialty: Internal Medicine, Geriatric 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 48 year old female, who sustained an industrial injury on 8-21-1987. The injured worker is being treated for chronic pain and post laminectomy syndrome. Treatment to date has included surgical intervention (lumbar fusion, 2006), medications, physical therapy, psychological evaluation and treatment, functional restoration program and pain management evaluation and treatment. Per the Primary Treating Physician's Progress Report dated 8-05-2015 the injured worker presented for a follow-up visit regarding her chronic low back pain. She reported no acute changes in her condition. She has continued low back pain radiating down the right lower extremity with associated muscle spasms, numbness and tingling. She states that Buprenorphine, gabapentin, Flexeril and Cymbalta help with pain and function and mood. She reports that pain level is reduced by 50% with the use of medications from 8 out of 10 down to 4 out of 10. She is able to exercise better, perform self-hygiene, light cleaning and grocery shopping with less pain. She is tolerating her meds well without side effects. Objective findings of the lumbar spine included decreased sensation in the L3, L4, right L5 and right S1 dermatomes. There was spasm and guarding present with right paraspinous lumbar triggering trigger points for regions L4-L5 and S1. Work status was permanent and stationary. The plan of care included continuation of medications and consultation with a psychiatrist. She is starting physical therapy soon. The IW has been prescribed Cyclobenzaprine since at least 3-13-2015. Authorization was requested on 9-10-2015 for Cyclobenzaprine 5mg #90. On 9-23-2015, Utilization Review modified the request for Cyclobenzaprine 5mg #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 5mg #90 (DOS 8/5/15): 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: Per the guidelines, non-sedating muscle relaxants are recommended for use with caution as a second-line option for short-term treatment of acute exacerbation in patients with chronic low back pain. Efficacy appears to diminish over time and prolonged use can lead to dependence. The MD visit fails to document any significant improvement in pain, functional status or a discussion of side effects specifically related to the muscle relaxant to justify use. The medical necessity is not substantiated in the records. The request is not medically necessary.