

Case Number:	CM15-0197597		
Date Assigned:	10/13/2015	Date of Injury:	01/15/2010
Decision Date:	11/20/2015	UR Denial Date:	09/17/2015
Priority:	Standard	Application Received:	10/07/2015

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: North Carolina, Georgia
 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 01-15-2010. A review of the medical records indicates that the injured worker (IW) is undergoing treatment for chronic pain, shoulder pain, lumbar disc displacement without myelopathy, and lumbar spinal stenosis. Medical records (04-03-2015 to 09-04-2015) indicate ongoing back pain with leg pain, and depression. Pain levels were not rated on a visual analog scale (VAS). Records also indicate no ongoing changes or improvement in activity level or level of functioning. Per the treating physician's progress report (PR), the IW was noted to be able to return to work with restrictions. If modified work is unavailable, the IW would be temporary totally disabled. The physical exam, dated 09-04-2015, revealed an antalgic gait, and spasms and guarding noted in the lumbar spine. Relevant treatments have included: physical therapy (PT), work restrictions, and medications (cyclobenzaprine since 05-2015). The request for authorization (09-04-2015) shows that the following medication was requested: cyclobenzaprine 10mg #90. The original utilization review (09-17-2015) non-certified the request for cyclobenzaprine 10mg #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 10mg #90, DOS: 09/04/15: Upheld

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

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

Decision rationale: The CA MTUS allows for the use, with caution, of non-sedating muscle relaxers as second line treatment for acute exacerbations of chronic low back pain. While they may be effective in reducing pain and muscle tension, most studies show no benefits beyond NSAIDs in pain relief. Efficacy diminishes over time and prolonged use may lead to dependency. There is no recommendation for ongoing use in chronic pain. The medical record in this case does not document an acute exacerbation and the request is for ongoing regular daily use of cyclobenzaprine. This is not medically necessary and the original UR decision is upheld.