

Case Number:	CM15-0022684		
Date Assigned:	02/13/2015	Date of Injury:	02/08/2010
Decision Date:	03/26/2015	UR Denial Date:	01/23/2015
Priority:	Standard	Application Received:	02/06/2015

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: Preventive Medicine, Occupational 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 55 year old male who sustained an industrial injury on 02/08/2010. Diagnoses include failed back syndrome, intractable lower back pain, status post lumbar spine decompression and fusion, incomplete fusion, radiculitis bilateral lower extremities/neuropathic pain, thoracic strain, facet syndrome thoracic spine, cervical degenerative joint disease, multi-level, cervical disc herniation multiple levels, and right intercostal neuralgia affecting T10 and T11 based on physical examination. He is status post lumbar L5-S1 fusion and is currently awaiting surgery with an orthopedic surgeon to have hardware removed in approximately in two months. Treatment to date has included physical therapy, and medications. A physician progress note dated 01/06/2015 documents the injured worker has weaned himself off of Norco. His pain is 8 out of 10. The pain is intermittent and sharp with radiation down bilateral legs, and it is constant dull pain with numbness and tingling. He has an antalgic gait. Range of motion in the lumbar spine is limited. Treatment requested is for Cyclobenzaprine 7.5mg #90 for the lumbar spine. On 01/23/2015 Utilization Review non-certified the request for Cyclobenzaprine 7.5mg #90 for the lumbar spine, and cited was California Medical Treatment Utilization Schedule (MTUS)-Chronic Pain Medical Treatment Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 7.5mg #90 for the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 64.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63, 64.

Decision rationale: MTUS Guidelines are very specific in stating that the long term daily use of Cyclobenzaprine beyond 2-3 weeks is not recommended. Episodic use for short periods during specific flare-ups is supported in Guidelines, however the prescribed Cyclobenzaprine is for long term daily use and there are no unusual circumstances that support an exception to Guidelines. Under these circumstances, the Cyclobenzaprine 7.5mg #90 is not supported by Guidelines and is not medically necessary.