

Case Number:	CM15-0035071		
Date Assigned:	03/03/2015	Date of Injury:	03/06/2013
Decision Date:	04/14/2015	UR Denial Date:	01/30/2015
Priority:	Standard	Application Received:	02/24/2015

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: Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management

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 42-year-old male reported a work-related injury on 03/06/2013. According to the PR2 dated 2/20/15, the injured worker (IW) reports low back pain rated 8/10, with radiation down the left lower extremity with numbness and tingling. The IW was diagnosed with chronic low back pain, lumbar degenerative disc disease, left lumbar radiculopathy and lumbar canal stenosis. Previous treatments include medications, physical therapy, home exercise, TENS, chiropractic care, acupuncture, heat/cold application and bracing. The EMG of the lower extremities showed left L5 and S1 radiculopathy. The medications listed are Gabapentin, Naproxen, Omeprazole, Cyclobenzaprine, Trazodone, Sertraline, Remeron and Escitalopram. On 11/26/2014, the IW reported a lost of the prescribed medications. The treating provider requests Cyclobenzaprine 7.5 mg #60 (RX 01/16/15). The Utilization Review on 01/30/2015 non-certified the request for Cyclobenzaprine 7.5 mg #60 (RX 01/16/15). References cited include CA MTUS Chronic Pain Medical Treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 7.5mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 64-66.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 41-42. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Muscle Relaxants.

Decision rationale: The CA MTUS and the ODG guidelines recommend that muscle relaxants can be utilized for the treatment of exacerbation of musculoskeletal pain that did not respond to standard treatment with NSAIDs and PT. The chronic use of muscle relaxants is associated with the development of tolerance, dependency, sedation, addiction and adverse interaction with sedative medications. The records indicate that the patient had utilized cyclobenzaprine longer than the guidelines recommended maximum duration of 4 weeks. The patient is utilizing multiple psychiatric and sedative medications concurrently. There is documentation of aberrant behavior by 'lost' of prescribed controlled opioids and sedative medications. The criteria for the use of cyclobenzaprine 7.5mg #60 was not met.