

Case Number:	CM15-0045091		
Date Assigned:	03/16/2015	Date of Injury:	03/29/1998
Decision Date:	04/23/2015	UR Denial Date:	02/23/2015
Priority:	Standard	Application Received:	03/09/2015

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 Jersey, Michigan, California
 Certification(s)/Specialty: Neurology, Neuromuscular 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 female, who sustained a work/ industrial injury on 3/29/98. She has reported initial symptoms of back pain. The injured worker was diagnosed as having failed back surgery syndrome (s/p lumbar fusion). Treatments to date included medication, home exercise program, moist heat, and stretches. Currently, the injured worker complains of ongoing pain in the low back with increasing burning and numbness in the bilateral lower extremities and right shoulder rated 8/10. The treating physician's report (PR-2) from 2/11/15 indicated, per examination, tenderness to palpation to the lumbosacral region, mildly antalgic gait, spasm to bilateral lumbar region, decreased strength to the right lower extremity. Medications included MS Contin, Cyclobenzaprine, Lunesta, Clonazepam, Percocet, Gabapentin, and Ibuprofen. Treatment plan included Cyclobenzaprine 10mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 10mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation California MTUS, page 41 and 42 and on the Official Disability Guidelines (ODG); Sub-acute and Chronic Pain.

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

Decision rationale: According to MTUS guidelines, Cyclobenzaprine a non sedating muscle relaxants is recommended with caution as a second line option for short term treatment of acute exacerbations in patients with chronic spasm and pain. Efficacy appears to diminish over time and prolonged use may cause dependence. The guidelines do not recommend to be used for more than 2-3 weeks. The patient in this case does not have clear significant functional improvement with prior use of muscle relaxants. There is no indication of recent evidence of spasm. Therefore, the request for Cyclobenzaprine 10mg #60 is not medically necessary.