

Case Number:	CM15-0045892		
Date Assigned:	03/18/2015	Date of Injury:	07/24/2008
Decision Date:	05/12/2015	UR Denial Date:	02/27/2015
Priority:	Standard	Application Received:	03/11/2015

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: Physical Medicine & Rehabilitation

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 54-year-old female sustained a work related injury on 07/24/2008. According to a progress report dated 01/19/2015, the injured worker was seen for lower backache. Pain with medications was rated 4 on a scale of 1-10. Without medications, pain was rated 7. Quality of sleep was poor. She was not trying any other therapies for pain relief. Activity level remained the same. She was taking medications as prescribed. The injured worker reported that medications were less effective. Current medications included Cyclobenzaprine, Hydrocodone-acetaminophen, Naproxen, Prilosec, Lovastatin and Triamterene-hydrochlorothiazide. Diagnoses included disc disorder lumbar and lumbar radiculopathy. The injured worker reported increased pain with radiation into her legs. Plan was noted as pending: left L5-S1 Transforaminal Epidural Steroid Injection, x-ray series of hips to evaluate for groin pain, transportation to pain coping skills group, and referral for surgical evaluation and continue all meds at current doses, continue Spanish pain coping class and return to clinic in 4 weeks. Naproxen still had not been authorized. Samples of Vimovo were provided. A progress noted dated back to 10/02/2014, noted that the injured worker was utilizing Cyclobenzaprine. Documentation indicates that the provider requested authorization for Cyclobenzaprine on 01/29/2015 and 02/23/2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 10mg, one tablet three times daily #90: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines muscle relaxants Page(s): 63-66.

Decision rationale: Per the 02/16/15 report the patient presents with increased lower back pain radiating to the legs rated 7/10 with medications and 10/10 without. The current request is for CYCLOBENZAPRINE 10mg ONE TABLET THREE TIMES DAILY #90. The RFA included is dated 01/29/15. The report does not state if the patient is currently working. MTUS guidelines page 64 states the following, "Cyclobenzaprine is recommended for a short course of therapy. Limited, mixed-evidence does not allow for a recommendation for chronic use." MTUS guidelines for muscle relaxant for pain page 63 state, "Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP." MTUS does not recommend more than 2 to 3 weeks for use of the medication. The reports provided for review state this medication is for spasm. The MTUS guidelines recommend use of this medication for only short-term use of no more than 2-3 weeks, and the reports show the patient has already been prescribed this medication on a long-term basis since at least 08/25/14. This request is for an additional 30 day supply. In this case, the request IS NOT medically necessary.