

Case Number:	CM15-0055446		
Date Assigned:	03/30/2015	Date of Injury:	05/12/2003
Decision Date:	05/07/2015	UR Denial Date:	03/16/2015
Priority:	Standard	Application Received:	03/23/2015

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:

The injured worker is a 45 year old female, who sustained an industrial injury on May 12, 2003. She reported a back injury following a slip and fall. The injured worker was diagnosed as having lumbago, thoracic or lumbosacral neuritis or radiculitis, lumbar disc displacement without myelopathy, and arthropathy. Treatment to date has included medications, urine drug screening, hot/cold packs, and exercise. On March 10, 2015, she was seen for continued low back pain with radiation into both legs. She indicates medications help. She rates her pain as 9/10 on a pain scale. The treatment plan included: Senna Laxative, Tramadol HCL, Gabapentin, Cyclobenzaprine, and Lunesta; and followup in 4 weeks. She has been utilizing Cyclobenzaprine since at least October 2013. The request is for Cyclobenzaprine 5mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 5mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 41-42, 63-66. 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 short-term periods in the treatment of exacerbation of musculoskeletal pain that did not respond to standard treatment with NSAIDs and PT. The chronic use of muscle relaxants can be associated with the development of tolerance, dependency, sedation, addiction and adverse interaction with opioids and sedative medications. The records indicate that the patient had utilized cyclobenzaprine longer than the guidelines recommended maximum period of 4 to 6 weeks. The patient is also utilizing opioids and sedative medications concurrently. The criteria for the use of cyclobenzaprine 5 mg # 30 was not met.