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| Case Number: | CM15-0059543 | | |
| Date Assigned: | 04/06/2015 | Date of Injury: | 03/03/2014 |
| Decision Date: | 05/05/2015 | UR Denial Date: | 03/18/2015 |
| Priority: | Standard | Application Received: | 03/30/2015 |

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 York, Pennsylvania, Washington
 Certification(s)/Specialty: Internal Medicine, Geriatric 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 26 year old male who sustained an industrial injury on March 3, 2014. He has reported low back pain and has been diagnosed with degeneration of lumbar or lumbosacral intervertebral disc, sprain of lumbar, and right lower extremity pain. Treatment has included a home exercise program, TENS unit, heat, and medications. Currently the injured worker had tenderness to palpation of the lumbar spine with spasm. The treatment request included cyclobenzaprine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine tab 7.5mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 41.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 63-66.

Decision rationale: This injured worker has chronic pain with an injury sustained in 2014. The medical course has included numerous treatment modalities and use of several medications

muscle relaxants. Per the guidelines, non-sedating muscle relaxants are recommended for use with caution as a second-line option for short-term treatment of acute exacerbation in patients with chronic low back pain. Efficacy appears to diminish over time and prolonged use can lead to dependence. The MD visits fail to document any improvement in pain, functional status or a discussion of side effects specifically related to cyclobenzaprine to justify ongoing use. The medical necessity of cyclobenzaprine is not substantiated in the records and therefore, is not medically necessary.