

Case Number:	CM14-0125398		
Date Assigned:	08/13/2014	Date of Injury:	02/02/2008
Decision Date:	10/20/2014	UR Denial Date:	07/11/2014
Priority:	Standard	Application Received:	08/07/2014

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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Pennsylvania, Ohio, Michigan, and Texas. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 52 year-old female with a reported February 2, 2008 injury who complains of low back, neck, hip, shoulder and leg pain. The submitted diagnoses include: Lumbar disc displacement, lumbar annular tear, lumbar radiculopathy, lumbar spinal stenosis, lumbar degenerative disc disease, bilateral sacroiliac joint sprain, right shoulder impingement and adhesive capsulitis, right carpal tunnel syndrome and right wrist tenosynovitis. The Lumbar MRI dated 4/30/10 reported L3-4 1-2 mm disc bulge, L4-5 annular tear 3-4 mm disc bulge, and moderate left foraminal narrowing and, L5-S1 mild to moderate left foraminal narrowing 3mm disc bulge and facet hypertrophy. Physical examination was significant for obesity antalgic gait and lumbosacral tenderness to palpation. Medications included were Norco and Flexeril however; there is no documentation of therapeutic benefit. Urine drug screen on 2/20/14 reported positive Hydrocodone. A left lumbosacral paraspinal trigger point injection was performed on the 1/12/14. A previous review dated 4/11/14 denied the request for Mentherm. The prior 07/11/14 review denied the requested Cyclobenzaprine HCL 10mg # 60 tablets.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine HCL 10mg # 60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 64.

Decision rationale: The requested Cyclobenzaprine HCl 10 mg # 60 tablets is not medically indicated because muscle relaxant medications are not indicated for chronic use according to the CA-MTUS Chronic Pain Guidelines on page 64 which states: "Cyclobenzaprine (Flexeril, Amrix, Fexmid, generic available): Recommended for a short course of therapy. Limited, mixed-evidence does not allow for a recommendation for chronic use. Cyclobenzaprine is a skeletal muscle relaxant and a central nervous system depressant with similar effects to tricyclic antidepressants (e.g. Amitriptyline). Cyclobenzaprine is more effective than placebo in the management of back pain, although the effect is modest and comes at the price of adverse effects."