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| Case Number: | CM14-0146015 | | |
| Date Assigned: | 09/12/2014 | Date of Injury: | 05/08/2013 |
| Decision Date: | 10/24/2014 | UR Denial Date: | 08/22/2014 |
| Priority: | Standard | Application Received: | 09/08/2014 |

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in California. 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 59 year old male who had a work-related injury on 05/08/13. He was working as a bus technician, involving heavy lifting and climbing up and down a "lift cage." In earlier of last year, he jumped down from a lift cage, struck his right knee on the gate causing sudden low back pain. MRI on 08/30/13 revealed a multi-level degenerative spondylosis, and right bilateral L2-3 disc protrusion with annular tear. He was prescribed medication and declined injection. Acupuncture was requested in October of 2013 he had only one session. The most recent documentation submitted for review is dated 09/12/14. On physical exam, he was alert and oriented times 3. He is in mild distress and cognitively intact. He presents today with his wife. He has severely restricted range of motion of the lumbar spine with flexion at 5 degrees and extension at neutral with any movement with increase in pain. He has full strength in both upper extremities with increase in right lower back with left straight leg raise maneuver and positive right straight leg raise maneuver on the right side. There is decreased sensation along the right L5 distribution. PHQ-9 score is 19/27 indicating moderate depression. Diagnoses include L2-3 right lateral disc protrusion with annular tear. L4-5 disc bulge with moderate facet changes effacing the right lateral recess, right-sided lumbar myofascial pain, chronic pain, reactive progression, and right knee injury. Medical records do not show that the injured worker has any Visual Analog Scale (VAS) scores with and without medication, or any documentation of functional improvement. Prior utilization review dated 08/21/14 was non-certified. Current request is for Cyclobenzaprine 7.5mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 7.5mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain).

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

Decision rationale: As noted on page 41 of the Chronic Pain Medical Treatment Guidelines, cyclobenzaprine is recommended as a second-line option for short-term (less than two weeks) treatment of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain. Studies have shown that the efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. Based on the clinical documentation, the patient has exceeded the 2-4 week window for acute management also indicating a lack of efficacy if being utilized for chronic flare-ups. As such, this request is not medically necessary.