

Case Number:	CM14-0146649		
Date Assigned:	09/12/2014	Date of Injury:	01/04/2001
Decision Date:	11/26/2014	UR Denial Date:	08/26/2014
Priority:	Standard	Application Received:	09/09/2014

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 and Rehabilitation 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 70-year-old male who sustained an injury on January 3, 2011. He is diagnosed with (a) multilevel degenerative disc disease, L2-3, L3-4, L4-5, and L5-S1 with associated degenerative facet disease and radiculopathy to bilateral lower extremities; (b) spinal claudication of right lower extremity, left to lesser degree; and (c) status post decompression, laminectomy and discectomy L2-3, L3-4, L4-5, and L5-S1 with posterior lateral fusion bone graft, pedicle screw fixation and posterior interbody fusion with implants. He was seen for an evaluation on April 14, 2014. He complained of constant moderate to moderately severe pain in the lumbosacral spine. He had extreme difficulty walking. He noted numbness and tingling and paresthesias of both lower extremities. An examination of the lumbar spine revealed a midline surgical incision from the mid to lower portion of the lumbosacral spine. The incision was well-healed and nontender. There was moderate paraspinal muscle guarding with tenderness, which was marked over the L2-3 level. Moderate bilateral sciatic notch tenderness was present. Range of motion was limited. There was hypoesthesia of the dorsum of both feet as well as both legs. Straight leg raising test and sciatic stretch sign were positive.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 10 mg,: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

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

Decision rationale: The request for cyclobenzaprine 10 mg is not medically necessary at this time. Review of medical records did not reveal any objective evidence of muscle spasms to warrant the need for cyclobenzaprine. Hence, the request for cyclobenzaprine is not medically necessary at this time.