

Case Number:	CM14-0147056		
Date Assigned:	09/15/2014	Date of Injury:	06/17/2004
Decision Date:	10/16/2014	UR Denial Date:	08/20/2014
Priority:	Standard	Application Received:	09/10/2014

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 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 39-year-old female who reported an injury on 06/17/2004. The injury reported was while the injured worker lifted a child and developed low back pain. The diagnoses included status post L4-5 microdiscectomy and fusion, spinal cord stimulator, chronic pain, depression, and insomnia. The previous treatments included medication, spinal cord stimulator, surgery, physical therapy, and an MRI. Within the clinical note dated 08/29/2014, it was reported the injured worker continued to have lower extremity pain. The injured worker complained of spasms in the low back along with tenderness. On the physical examination, the provider noted the injured worker had tenderness to palpation of the lumbar paraspinal musculature bilaterally from the approximate levels of L2-5. There was tenderness to palpation over the bilateral thoracic paraspinal muscles. The injured worker had tenderness to palpation over the bilateral scapular region. The provider requested cyclobenzaprine; however, a rationale was not submitted for clinical review. The Request for Authorization was submitted and dated on 08/29/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 10mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63,64.

Decision rationale: The request for cyclobenzaprine 10 mg #90 is not medically necessary. The California MTUS Guidelines recommend non-sedating muscle relaxants with caution as a second line option for short term treatment of acute exacerbation in patients with chronic low back pain. The Guidelines do not recommend the medication to be used for longer than 2 to 3 weeks. There is a lack of documentation indicating the efficacy of the medication as evidenced by significant functional improvement. The request submitted failed to provide the frequency of the medication. Additionally, the injured worker has been utilizing the medication since at least 05/2014 which exceeds the Guidelines recommendation of short term use. Therefore, the request is not medically necessary.