

<b>Case Number:</b>	CM15-0001908		
<b>Date Assigned:</b>	01/12/2015	<b>Date of Injury:</b>	11/09/2009
<b>Decision Date:</b>	03/13/2015	<b>UR Denial Date:</b>	12/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/05/2015

### 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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 57-year-old male who reported an injury on 11/09/2009. The mechanism of injury involved a motor vehicle accident. The current diagnoses include thoracic or lumbosacral neuritis or radiculitis, pain in a joint of the upper arm, cervicgia, depressive disorder, chronic pain syndrome, pain in a joint of the shoulder, cervical spondylosis, lumbar or lumbosacral disc degeneration, muscle spasm, pain in a limb, sleep disturbance, and encounter for long term use of other medications. The injured worker presented on 12/23/2014 with complaints of neck and left upper extremity pain, left shoulder pain, low back pain, and left lower extremity pain. Previous conservative treatment includes medication management, physical therapy, and a detoxification program. The current medication regimen includes Omeprazole 20 mg, cyclobenzaprine 7.5 mg, Gabapentin 600 mg, Remeron 15 mg, methocarbamol 750 mg, nabumetone 500 mg, and Butrans 15 mcg. Upon examination, there was a mildly antalgic gait, tenderness to palpation of the lumbar spine, globally reduced range of motion, reduced biceps muscle strength, palpable taut bands in the area of pain, soft tissue dysfunction and spasm in the lumbar spine and gluteal region, increased pain on shoulder abduction, and positive straight leg raise. There was also diminished sensation in the bilateral lower extremities. Recommendations included continuation of the current medication regimen.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cyclobenzaprine 7.5mg #90 with 1 refill:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 64-66.

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

**Decision rationale:** The California MTUS Guidelines state muscle relaxants are recommended as non-sedating second line options for short term treatment of acute exacerbations. Cyclobenzaprine should not be used for longer than 2 to 3 weeks. The injured worker has utilized the above medication since at least 08/2013 without any evidence of objective functional improvement. Additionally, the medical necessity for 2 separate muscle relaxants has not been established. There is also no frequency listed in the request. As such, the request is not medically appropriate.

**Methocarbamol 750mg #90 with 1 refill:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 64-66.

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

**Decision rationale:** The California MTUS Guidelines state muscle relaxants are recommended as non-sedating second line options for short term treatment of acute exacerbations. The injured worker has continuously utilized the above medication since at least 08/2013 without any evidence of objective functional improvement. The injured worker is also noted to be utilizing cyclobenzaprine. The medical necessity for 2 separate muscle relaxants has not been established in this case. There is also no frequency listed in the request. As such, the request is not medically appropriate.