

Case Number:	CM15-0003372		
Date Assigned:	01/14/2015	Date of Injury:	01/08/2013
Decision Date:	03/09/2015	UR Denial Date:	12/22/2014
Priority:	Standard	Application Received:	01/07/2015

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: Texas, Illinois

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 64 year old female, who sustained an industrial injury on 1/08/2013. The diagnoses have included protrusion 5mm L4-5 with bilateral L5 radiculopathy, refractory, and protrusion L5-S1, 2mm. Treatment to date has included stretching, physical therapy, home exercises, activity modification, TENS, and medications. A left lumbar decompression has been recommended. Currently, the IW complains of low back pain with increasing, left greater than right, lower extremity symptoms. Objective findings include tenderness to the lumbar spine with decreased range of motion. On 12/22/2014, Utilization Review modified a request for Cyclobenzaprine 7.5mg #90, noting that the guidelines do not support the chronic use of muscle relaxants. The MTUS was cited. On 1/07/2015, the injured worker submitted an application for IMR for review of Cyclobenzaprine 7.5mg #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 7.5 mg #90: Upheld

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

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

Decision rationale: The injured worker sustained a work related injury on 1/08/2013. The medical records provided indicate the diagnosis of protrusion 5mm L4-5 with bilateral L5 radiculopathy, refractory, and protrusion L5-S1, 2mm. Treatment to date has included stretching, physical therapy, home exercises, activity modification, TENS, and medications. The medical records provided for review do not indicate a medical necessity for Cyclobenzaprine 7.5 mg #90. Cyclobenzaprine, a muscle relaxant, is taken as a dose of 5 mg three times a day. Can be increased to 10 mg three times a day. The MTUS recommends using it longer than 2-3 weeks.