

Case Number:	CM15-0010071		
Date Assigned:	02/13/2015	Date of Injury:	02/28/2011
Decision Date:	03/25/2015	UR Denial Date:	12/24/2014
Priority:	Standard	Application Received:	01/16/2015

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: New York, Pennsylvania, Washington
 Certification(s)/Specialty: Internal Medicine, Geriatric 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 42 year old male, who sustained an industrial injury on 2/28/11. He has reported pain in the low back and right shoulder related to lifting a heavy object. The diagnoses have included lumbar degenerative disc disease, lumbar strain and thoracic strain. Treatment to date has included right shoulder cortisone injections, diagnostic studies and oral medications. As of the PR2 dated 11/5/14, the injured worker reports constant low back pain that radiates to the left lower extremity and pain in the right shoulder. The treating physician requested Cyclobenzaprine 7.5mg #60, Naproxen550mg #60 and Omeprazole 20mg #60. On 12/24/14 Utilization Review non-certified a request for Cyclobenzaprine 7.5mg #60 and conditionally non-certified a request for Naproxen550mg #60 and Omeprazole 20mg #60. The utilization review physician cited the MTUS guidelines for chronic pain medical treatment. On 1/16/15, the injured worker submitted an application for IMR for review of Cyclobenzaprine 7.5mg #60, Naproxen550mg #60 and Omeprazole 20mg #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), Flexeril (Cyclobenzaprine).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 ? 9792.26.

Decision rationale: This injured worker has chronic pain with an injury sustained in 2011. The medical course has included numerous treatment modalities and use of several medications including NSAIDs and muscle relaxants. Per the guidelines, non-sedating muscle relaxants are recommended for use with caution as a second-line option for short-term treatment of acute exacerbation in patients with chronic low back pain. Efficacy appears to diminish over time and prolonged use can lead to dependence. The MD visit of 11/14 fails to document any improvement in pain, functional status or a discussion of side effects specifically related to cyclobenzaprine to justify use. There is also no documented spasms on physical exam. The medical necessity of cyclobenzaprine is not substantiated in the records.