

Case Number:	CM15-0010493		
Date Assigned:	01/28/2015	Date of Injury:	04/19/2007
Decision Date:	03/24/2015	UR Denial Date:	01/09/2015
Priority:	Standard	Application Received:	01/19/2015

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, Hawaii
 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 51 year old female, who sustained an industrial injury on April 19, 2007. The diagnoses have included multilevel degenerative disc disease with bulging and subacute compression fracture of the L4 vertebral body, status post decompression and fusion with interbody cages, L3-L4 and L4-L5, postoperative changes, lumbar spine per computed tomography scan myelogram, Magnetic resonance imaging , status post hardware removal revision hemilaminotomy and medial facetectomy at right L2-L3, L3-L4, and L4-L5, decompression at L3, L4 and L5 and revision of scar tissue, residual foot drop, right side secondary to hardware removal operation, L5 radiculopathy, right leg and progressive lumbar disc injury L2-L3.. Treatment to date has included electromyogram and nerve conduction study of lower extremities, Magnetic resonance imaging of lumbar spine, and muscle relaxants. On January 9, 2015 Utilization Review non-certified a Cyclobenzaprine 10mg quantity 90, noting, Medical Treatment Utilization Schedule Guidelines was cited. On December 29, 2014, the injured worker submitted an application for IMR for review of Cyclobenzaprine 10mg quantity 90.

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 Muscle Relaxants (for pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain), Page(s): 63-66.

Decision rationale: The patient continues to have persistent lower back pain with persistent numbness and tingling sensations radiating into her lower extremities. The current request is for Cyclobenzaprine 10 mg #90. The MTUS guidelines recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. This medication is not to be used longer than 2-3 weeks. Records indicate the patient has been taking muscle relaxers as far back as 5/27/14. There is nothing in the records to indicate that the patient has suffered an acute exacerbation of her condition which would require a short course of muscle relaxants. Also, the prescription is written for use beyond the 3 week limit. As such, the recommendation is for denial.