MAXIMUS Federal Services

Case Number:	CM15-0015419		
Date Assigned:	02/03/2015	Date of Injury:	03/15/2013
Decision Date:	03/30/2015	UR Denial Date:	01/05/2015
Priority:	Standard	Application Received:	01/27/2015

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 56-year-old female who sustained an industrial injury to her lower back while moving floor displays on March 15, 2013. According to the physician's progress, report on December 9, 2014 the injured worker had a remote lumbar spine fusion (no date documented). The physician also discussed the injured worker having acupuncture aqua therapy with decrease in pain and improved tolerance to activity. Evaluation of the lumbar spine during this visit noted tenderness with spasm and continued low back pain with radicular components. A QME report on December 1, 2014 noted the injured worker underwent a transforaminal lumbar interbody fusion with bilateral facetectomy and micro-decompression, pedicle screw fixation at L5-S1, bone graft substitute and interbody cage placement on July 17, 2013. Left lower extremity neuropathy developed within a week post operatively and a non-cemental pedicle screw on the left L5-S1 was removed. A recent magnetic resonance imaging (MRI) on September 25, 2104 confirmed good incorporation at the site and no evidence of hardware failure. Current medications consist of Hydrocodone 10/325, Cyclobenzaprine, Naproxen, and Pantoprazole. Current treatment modalities consist of acupuncture therapy/aqua therapy, physical therapy, medication, and home exercise program.The treating physician requested authorization for Hydrocodone 10/325, one 2-3 x day, amount not reported, and Cyclobenzaprine 7.5mg, #90. On January 5, 2015 the Utilization Review modified the certification for Cyclobenzaprine 7.5mg, #90 to Cyclobenzaprine 7.5mg, #70 and Hydrocodone 10/325, one 2-3 x day, #60. The Utilization Review noted noncompliance/inconsistent urine toxicology reports. The modification was allowed for a substantiation of ongoing compliance with a urine-screening test or to initiate

titration with discontinuation of medication due to non-compliance. Citations used in the decision process were the Medical Treatment Utilization Schedule (MTUS), Chronic Pain Guidelines, the American College of Occupational and Environmental Medicine (ACOEM) and the Official Disability Guidelines (ODG).

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 7.5mg, #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63.

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

Decision rationale: According to the 12/09/2014 report, this patient presents with a 7/10 low back pain with lower extremity pain. The current request is for Cyclobenzaprine 7.5mg, #90. The request for authorization is on 12/29/2014. The patient's disability status is deferred to the primary treating physician. For muscle relaxants for pain, the MTUS Guidelines page 63 state recommended non-sedating muscle relaxants with caution as a second line option for short-term treatment of acute exacerbation in patients with chronic LBP. Muscle relaxants may be effective in reducing pain and muscle tension and increasing mobility; however, in most LBP cases, they showed no benefit beyond NSAIDs and pain and overall improvement. A short course of muscle relaxant may be warranted for patient's reduction of pain and muscle spasms. Review of the available records indicate that this medication has been prescribed longer then the recommended 2-3 weeks. The treating physician is requesting Cyclobenzaprine #60 and it is unknown exactly when the patient initially started taking this medication. Cyclobenzaprine is not recommended for long-term use. The treater does not mention that this is for short-term use to address a flare-up or an exacerbation. Therefore, the current request IS NOT medically necessary.