

Case Number:	CM15-0018973		
Date Assigned:	02/06/2015	Date of Injury:	09/08/2008
Decision Date:	04/14/2015	UR Denial Date:	01/15/2015
Priority:	Standard	Application Received:	02/02/2015

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 51-year-old male who reported an injury on 09/08/2008. The mechanism of injury involved heavy lifting. The current diagnoses include cervical spine herniated nucleus pulposus and lumbar spine herniated nucleus pulposus. The injured worker presented on 12/09/2014 for a follow-up evaluation. Upon examination, there was decreased range of motion of the lumbar spine with positive muscle spasm. Recommendations at that time included continuation of the current medication regimen, chiropractic therapy, acupuncture, and shockwave therapy. A Request for Authorization form was then submitted on 12/09/2014 for noninvasive DNA testing, tramadol 150 mg, naproxen 550 mg, Protonix 20 mg, and cyclobenzaprine 7.5 mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 7.5mg bid #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63, 64.

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. Although it is noted that the injured worker had evidence of palpable muscle spasm upon examination, the injured worker has continuously utilized cyclobenzaprine. The California MTUS Guidelines do not recommend long-term use of muscle relaxants. Therefore, the request is not medically appropriate at this time.