

Case Number:	CM15-0110529		
Date Assigned:	06/17/2015	Date of Injury:	04/18/2002
Decision Date:	07/15/2015	UR Denial Date:	05/29/2015
Priority:	Standard	Application Received:	06/08/2015

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 Jersey, Alabama, California
 Certification(s)/Specialty: Neurology, Neuromuscular 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:

This 38 year old female sustained an industrial injury to bilateral shoulders and low back on 4/18/02. Previous treatment included magnetic resonance imaging, bilateral shoulder arthroscopy with Mumford procedure, injections and medications. Magnetic resonance imaging left shoulder (2/26/15) showed a chronic partial tear of the tendon with mild tendinopathy. Magnetic resonance imaging lumbar spine (2/26/15) showed mild degenerative changes with satisfactory lumbar alignment without spinal canal stenosis. Magnetic resonance imaging lumbar spine (3/12/15) showed multilevel annulus bulging with neuroforaminal stenosis and the potential for impingement at L5-S1. In a pain medicine progress report dated 4/3/15, the injured worker complained of bilateral low back and shoulder pain rated 7/10 on the visual analog scale. The physician noted that recent magnetic resonance imaging lumbar spine showed significant foraminal stenosis bilaterally at L5-S1 which would explain why the injured worker had pain that radiated all the way down to the ankles. Current diagnoses included lumbar disc displacement, muscle spasms, enthesopathy of hip, lumbar spine radiculopathy, cervical spine spondylosis, cervicobrachial syndrome and lumbar spine spondylosis. The physician recommended bilateral L5-S1 epidural steroid injections and medication refills (Norco, Gabapentin and Cyclobenzaprine).

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: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: According to MTUS guidelines, Cyclobenzaprine a non sedating muscle relaxants is recommended with caution as a second line option for short term treatment of acute exacerbations in patients with chronic spasm and pain. Efficacy appears to diminish over time and prolonged use may cause dependence. The guidelines do not recommend being used for more than 2-3 weeks. The patient in this case does not have clear recent evidence of spasm and the prolonged use of Cyclobenzaprine is not justified. Therefore, the request for Cyclobenzaprine 7.5mg #90 is not medically necessary.