

Case Number:	CM15-0112890		
Date Assigned:	06/24/2015	Date of Injury:	09/13/2013
Decision Date:	07/28/2015	UR Denial Date:	05/29/2015
Priority:	Standard	Application Received:	06/11/2015

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: Arizona, Michigan

Certification(s)/Specialty: Preventive Medicine, Occupational 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 54 year old male, who sustained an industrial injury on September 13, 2013. He reported a low back injury. The injured worker was diagnosed as having degeneration of lumbar intervertebral disc, lumbar facet joint pain, myofascial pain, and chronic pain. Diagnostic studies to date included MRIs. On November 10, 2013, an MRI of the lumbar spine revealed multilevel degenerative disc disease and early facet degeneration. At lumbar 2-3 and lumbar 3-4, there was degenerative disc disease with facet arthropathy. At lumbar 4-5, there was slight retrolisthesis, 5 mm left eccentric herniation with moderate left foraminal narrowing. At lumbar 5-sacral 1, there was moderate neural foraminal stenosis, right greater than left. Treatment to date has included 12 sessions of physical therapy, work modifications, a home exercise program, and medications including oral analgesic, topical non-steroidal anti-inflammatory, muscle relaxant, and non-steroidal anti-inflammatory. Other noted dates of injury documented in the medical record include: in 1990's, in 2000, October 10, 2014 and November 25, 2014. Comorbid diagnoses included history of hypertension. His work status was described as modified with maximum carry/lift capacity: 25 pounds, maximum push/pull capacity: 25 pounds, sitting tolerance: tolerance: no limit, standing tolerance: 1 hour, ambulation tolerance: 1 hour, and no additional restrictions. On May 12, 2015, the injured worker complained of chronic, intermittent, aching and stabbing bilateral low back pain radiating to bilateral hips. Standing and walking aggravate the pain. Medication alleviates the pain. His oral and topical non-steroidal anti-inflammatory medications decrease his pain by 40%. The prior physical therapy decreased his pain and improved his standing and carrying tolerance, which allowed him to return to part-

time work. He has returned to work with modified duties after being off for several months. The physical exam revealed a normal gait and posture, tenderness over the lumbar paraspinal muscles overlying the facet joints bilaterally, no lumbar trigger points or muscle spasms, normal lumbar range of motion, and normal muscle strength of the bilateral lower extremities. The treatment plan includes Cyclobenzaprine 1 tablet every day orally for 30 days. The requested treatment is Cyclobenzaprine 1 tablet every day orally for 30 days with 2 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 10mg qty: 30, refills: 2 prescribed 5-12-15: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 299, Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-64.

Decision rationale: The use of non-sedating muscle relaxants is cautiously recommended, per the California Medical Treatment Utilization Schedule (MTUS), for the short-term treatment of acute exacerbations in patients with chronic low back pain as a second-line option. The MTUS recommends a short course (no for longer than 2-3 weeks) therapy with Cyclobenzaprine. The addition of cyclobenzaprine to "other agents" is not recommended. ACOEM (American College of Occupational and Environmental Medicine) recommends muscle relaxants for short-term treatment of acute low back muscle spasms. There was a lack of documentation of an acute exacerbation of the injured worker's chronic low back pain. There was a lack of evidence of muscle spasms in the physical exam. The requested prescription implies prolonged use contrary to the MTUS recommendations. Therefore, the request for Cyclobenzaprine is not medically necessary.