

Case Number:	CM15-0121673		
Date Assigned:	07/09/2015	Date of Injury:	05/22/2001
Decision Date:	08/10/2015	UR Denial Date:	06/02/2015
Priority:	Standard	Application Received:	06/23/2015

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:

The injured worker is a 55-year-old female with an industrial injury dated 05/22/2001. The injury is documented as occurring when she was picking up a railroad timber, which weighted 325-350 pounds and felt sudden pain in her knees. Later she developed severe lumbar pain, which radiated into the legs with numbness, tingling, weakness and cramps. Her diagnoses included probably one single seizure, cephalgia and dizziness, status post 3 left knee surgeries and 2 right knee surgeries, thoracic radiculopathy, lumbar radiculopathy, pain at both wrists, both knees and both ankles. Other diagnoses were cognitive difficulties, emotional distress and sleep impairment. Prior treatment included orthopedic referral, psychiatry referral, aquatic therapy, medications, walker and right knee brace. She presented on 02/11/2015 with severe lumbar pain and walking with a cane. Physical examination showed craniocervical spasm, tenderness bilaterally at the occipital regions and bifrontal regions of the head. She had decreased memory and decreased attention span. Cranial nerves were intact with a slightly weak left hand grip. She had weak bilateral foot dorsiflexion with pain. Sensation was decreased bilaterally at the outer thighs and plantar aspects of both feet. Romberg test was positive. Tinel's sign was positive at the left wrist. Treatment plan included medications, urine toxicology, EMG/NCV, psychological evaluation, MRI of spine, aquatic therapy and braces for lumbar spine and both knees. The treatment request is for Retro: Cyclobenzaprine 7.5 mg #60 (DOS 2/11/15).

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro: Cyclobenzaprine 7.5mg #60 (DOS 2/11/15): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 65.

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 exacerbation in patients with chronic spasm and pain. Efficacy appears to diminish over time and prolonged use may cause dependence. The guidelines do not recommend to be 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 Retrospective request for Cyclobenzaprine 7.5mg #60 is not medically necessary.