

Case Number:	CM15-0123132		
Date Assigned:	07/07/2015	Date of Injury:	10/11/2004
Decision Date:	08/04/2015	UR Denial Date:	06/12/2015
Priority:	Standard	Application Received:	06/25/2015

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: Emergency 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 (IW) is a 54-year-old female who sustained an industrial injury on 10/11/2004. Diagnoses include cervical strain, cervical radiculitis, low back pain, lumbar radiculitis. Treatment to date has included medications and epidural steroid injections. According to the progress notes dated 5/20/15, the IW reported neck pain rated 8-9/10. She also described pain in the bilateral arms, worse on the right, with weakness, numbness and tingling. The pain was worse with any movement and better with heat. She also complained of low back pain radiating down the legs, worse on the left, with numbness and tingling. The pain was aggravated by leaning forward and improved by lying supine. On examination, there were muscle spasms in the paracervical and paralumbar muscles. Range of motion was limited and painful in the cervical and lumbar spine. Motor strength was normal in all extremities and deep tendon reflexes were normal. Sensation was diminished in the C6 and L4 and L5 nerve root distributions. The IW reported only mild relief with her medications. A request was made for Cyclobenzaprine tabs 7.5mg, #90 for muscle spasms.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine tabs 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 63-66.

Decision rationale: The requested Cyclobenzaprine tabs 7.5mg #90, is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Muscle Relaxants, Page 63-66, do not recommend muscle relaxants as more efficacious than NSAIDs and do not recommend use of muscle relaxants beyond the acute phase of treatment. The injured worker has neck pain rated 8-9/10. She also described pain in the bilateral arms, worse on the right, with weakness, numbness and tingling. The pain was worse with any movement and better with heat. She also complained of low back pain radiating down the legs, worse on the left, with numbness and tingling. The pain was aggravated by leaning forward and improved by lying supine. On examination, there were muscle spasms in the paracervical and paralumbar muscles. Range of motion was limited and painful in the cervical and lumbar spine. Motor strength was normal in all extremities and deep tendon reflexes were normal. Sensation was diminished in the C6 and L4 and L5 nerve root distributions. The IW reported only mild relief with her medications. The treating physician has not documented duration of treatment, spasticity or hypertonicity on exam, intolerance to NSAID treatment, nor objective evidence of derived functional improvement from its previous use. The criteria noted above not having been met, Cyclobenzaprine tabs 7.5mg #90 is not medically necessary.