

Case Number:	CM15-0124400		
Date Assigned:	07/08/2015	Date of Injury:	01/22/2003
Decision Date:	08/05/2015	UR Denial Date:	06/03/2015
Priority:	Standard	Application Received:	06/29/2015

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 70-year-old male, who sustained an industrial injury on January 22, 2003. He reported an injury to his low back. Treatment to date has included occupational therapy, physical therapy, home exercise program, lumbar brace, TENS unit, and medications. Currently, the injured worker complains of low back pain which he rates a 6 on a 10-point scale. He describes his pain as aching and dull with radiation to the low back, left buttock, right buttock and right leg. He reports that his medications are helping with his pain. He reports difficulty with sleep. On physical examination, the injured worker has a left-sided antalgic gait and uses a cane for assistance. He has restricted range of motion of the lumbar spine and tenderness to palpation over the paravertebral muscles on the right side. A straight leg raise test and lumbar facet-loading test are positive on the right. He has tenderness noted over the sacroiliac spine. The diagnoses associated with the request include thoracic or lumbosacral neuritis or radiculitis and lumbar or lumbosacral disc degeneration. The treatment plan includes cyclobenzaprine, naproxen, Norco, and diazepam.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 7.5mg #60 BID: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants, pg 128.

Decision rationale: Guidelines do not recommend long-term use of this muscle relaxant for this chronic injury of 2003. Additionally, the efficacy in clinical trials has been inconsistent and most studies are small and of short duration. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. Submitted reports have not adequately demonstrated the indication or medical need for this treatment and there is no report of significant progressive deteriorating clinical findings, acute flare-up or new injury to support for its long-term use. There is no report of functional improvement resulting from its previous treatment to support further use as the patient remains unchanged. The Cyclobenzaprine 7.5mg #60 BID is not medically necessary and appropriate.