

Case Number:	CM15-0172856		
Date Assigned:	09/15/2015	Date of Injury:	08/09/2007
Decision Date:	10/16/2015	UR Denial Date:	08/13/2015
Priority:	Standard	Application Received:	09/02/2015

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 is a 49 year old female, who sustained an industrial injury on 8-9-07. The injured worker was diagnosed as having lumbar spine discopathy, status post lumbar spine surgery fusion hybrid, and right sacroiliac joint arthrosis. Treatment to date has included lumbar spine surgery, physical therapy, and medication including Cyclobenzaprine, Gabapentin, Tramadol, and Naproxen. On 6-18-15 pain was rated as 8-9 of 10. On 7-24-15 back pain and right hip pain was rated as 8 of 10 and left leg pain was rated as 6 of 10. The injured worker had been taking Cyclobenzaprine since at least June 2015. Physical examination findings on 7-24-15 included tenderness in the paraspinous musculature of the lumbar region. Midline tenderness was also noted in the lumbar region and lumbar range of motion was decreased. Sensation testing with a pinwheel was slightly abnormal. Right hip range of motion was decreased, Trendelenburg test was positive on the right, and motor power to the hip was weak. Currently, the injured worker complains of low back pain, right hip pain, and left leg pain. The treating physician requested authorization for Cyclobenzaprine 10mg #60. On 8-13-15, the request was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 10mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

Decision rationale: The requested Cyclobenzaprine 10mg #60 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 had been taking Cyclobenzaprine since at least June 2015. Physical examination findings on 7-24-15 included tenderness in the paraspinal musculature of the lumbar region. Midline tenderness was also noted in the lumbar region and lumbar range of motion was decreased. Sensation testing with a pinwheel was slightly abnormal. Right hip range of motion was decreased, Trendelenburg test was positive on the right, and motor power to the hip was weak. The treating physician has not documented 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 10mg #60 is not medically necessary.