

Case Number:	CM15-0020663		
Date Assigned:	02/10/2015	Date of Injury:	04/01/2014
Decision Date:	04/14/2015	UR Denial Date:	01/20/2015
Priority:	Standard	Application Received:	02/04/2015

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: Georgia

Certification(s)/Specialty: Anesthesiology, Pain Management

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 23-year-old female, who sustained an industrial injury on 4/1/14. She has reported pain. The diagnoses have included lumbar radiculopathy. Treatment to date has included medications and Home Exercise Program (HEP). Currently, as per the physician progress note dated 10/27/14, the injured worker complains of constant low back pain rated 7/10 on pain scale and radiates down the left lower extremity with associated numbness and tingling. The pain level was noted to be 5/10 with medications and 10/10 without medications. The use of the medications both orally and topically have helped to decrease the pain and allow her to sleep longer. The physical exam of the lumbar spine revealed tenderness, spasms and decreased range of motion due to pain. Treatment plan was a prescription for Norco, Cyclobenzaprine for the spasms, Naproxen, Omeprazole, Tramadol, Terocin patch, and Menthaderm gel. A urine drug screen was administered at the time of the visit. A Home Exercise Program (HEP) was recommended and follows up in 4-6 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine hydrochloride 7.5 mg, sixty count: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 64.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Cyclobenzaprine Page(s): 32.

Decision rationale: Cyclobenzaprine 7.5mg #60 is not medically necessary for the client's chronic medical condition. The peer-reviewed medical literature does not support long-term use of cyclobenzaprine in chronic pain management. Additionally, Per CA MTUS Cyclobenzaprine is recommended as an option, using a short course of therapy. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. (Browning, 2001). As per MTUS, the addition of cyclobenzaprine to other agents is not recommended. In regards to this claim, cyclobenzaprine was prescribed for long-term use and in combination with other medications. Cyclobenzaprine is therefore, not medically necessary.