

Case Number:	CM15-0066025		
Date Assigned:	04/13/2015	Date of Injury:	02/10/2009
Decision Date:	05/14/2015	UR Denial Date:	03/30/2015
Priority:	Standard	Application Received:	04/07/2015

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, Indiana, New York
 Certification(s)/Specialty: Internal 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 47-year-old male, who sustained an industrial injury on 2/10/2009. He reported a low back injury while bending over, reaching for a branch. The injured worker was diagnosed as having lumbar sprain/strain, lumbar degenerative disc disease and lumbar radiculopathy. Electromyography (EMG) revealed possible right sided radiculopathy and lumbar magnetic resonance imaging showed lumbosacral disc protrusion. Treatment to date has included chiropractic care, TENS (transcutaneous electrical nerve stimulation), home exercise and medication management. In a progress note dated 3/19/2015, the injured worker complains of low back pain with stiffness and numbness radiating down the right lower extremity. The treating physician is requesting Cyclobenzaprine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 7.5mg bid PRN#60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 41.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-66. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Section, Muscle Relaxants.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Cyclobenzaprine 7.5 mg BID PRN #60 is not medically necessary. Muscle relaxants are recommended as a second line option short-term (less than two weeks) of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain. Efficacy appears to diminish over time and prolonged use may lead to dependence. In this case, the injured worker's working diagnoses are lumbar strain/sprain; lumbar degenerative disc disease; lumbar radiculopathy; and myofascial pain. Documentation from a February 2, 2015 progress note shows the treating physician prescribed Tramadol and Tizanidine (almost relaxant). In a progress note dated March 19, 2015, the treatment plan included Tramadol and Tizanidine. The treating physician also prescribed Cyclobenzaprine 7.5 mg b.i.d. as needed. There is no clinical indication or rationale to the medical records for the use of two muscle relaxants taken concurrently. Additionally, Cyclobenzaprine is indicated for short-term (less than two weeks) treatment of acute low back pain or an acute exacerbation for chronic low back pain. There is no documentation in the medical record of an acute exacerbation of low back pain. The treating physician has exceeded the recommended guidelines of less than two weeks in prescribing a one-month supply quantity (#60). Consequently, absent compelling clinical documentation to support the ongoing use of Cyclobenzaprine (with and without Tizanidine) in excess of the recommended guidelines for short-term (less than two weeks), Cyclobenzaprine 7.5 mg BID PRN #60 is not medically necessary.