

Case Number:	CM15-0068986		
Date Assigned:	04/16/2015	Date of Injury:	02/25/2010
Decision Date:	05/15/2015	UR Denial Date:	03/18/2015
Priority:	Standard	Application Received:	04/12/2015

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 57 year old male, who sustained an industrial injury on 2/25/2010. The current diagnoses are status post right lumbar decompression L4-L5 and L5-S1, thoracic myofascial pain, lumbar myofascial pain, and 5 millimeter protrusion at T12-L1 with neural encroachment. According to the progress report dated 2/9/2015, the injured worker complains of low back pain with right greater than left lower extremity symptoms and thoracic pain. The pain is rated 6/10 on a subjective pain scale. The current medications are Hydrocodone, Cyclobenzaprine, and Naproxen. Treatment to date has included medication management, X-rays, MRI studies, physical therapy, TENS unit, acupuncture, electro diagnostic testing, sleep study, and surgical intervention. The plan of care includes prescription refill for Cyclobenzaprine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 7.5 mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Flexeril
Page(s): 68.

Decision rationale: Cyclobenzprine 7.5 mg #30 is not medically necessary. Cyclobenzaprine 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.