

Case Number:	CM15-0069597		
Date Assigned:	04/17/2015	Date of Injury:	09/20/2014
Decision Date:	06/11/2015	UR Denial Date:	03/18/2015
Priority:	Standard	Application Received:	04/13/2015

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: Preventive Medicine, Occupational 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:

This 23-year-old male sustained an industrial injury to the low back on 9/20/14. Previous treatment included magnetic resonance imaging and medications. In a PR-2 dated 2/23/15, the injured worker complained of low back pain rated 7/10 on the visual analog scale with increasing lower extremity symptoms. The physician noted that medications at current dosing facilitated maintenance of activities of daily living. Physical exam was remarkable for tenderness to palpation to the lumbar spine with spasms and decreased range of motion, positive left straight leg raise and diminished sensation at the L5 and S1 distributions. Current diagnoses included rule out lumbar intradiscal component and rule out lumbar spine radiculopathy. The treatment plan included physical therapy and medications (Tramadol, Naproxen Sodium, Cyclobenzaprine and Protonix).

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro: Cyclobenzaprine 7.5mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine section, Muscle Relaxants (for pain) section Page(s): 41, 42, 63, 64.

Decision rationale: Cyclobenzaprine is recommended by the MTUS Guidelines for short periods with acute exacerbations, but not for chronic or extended use. These guidelines report that the effect of cyclobenzaprine is greatest in the first four days of treatment. Cyclobenzaprine is associated with a number needed to treat of three at two weeks for symptoms improvement in low back pain and is associated with drowsiness and dizziness. There is no evidence, in this case, of acute injury and the medication is being used for chronic treatment. Chronic use of cyclobenzaprine may cause dependence, and sudden discontinuation may result in withdrawal symptoms. Discontinuation should include a tapering dose to decrease withdrawal symptoms. This request however is not for a tapering dose. The request for Retro: Cyclobenzaprine 7.5mg #90 is not medically necessary.