

Case Number:	CM15-0071909		
Date Assigned:	04/22/2015	Date of Injury:	08/17/2009
Decision Date:	06/11/2015	UR Denial Date:	04/02/2015
Priority:	Standard	Application Received:	04/15/2015

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: Utah, Arkansas

Certification(s)/Specialty: Family Practice, Sports 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 43 year old male who sustained an industrial injury to his abdomen and lower back on 08/17/2009. The injured worker was diagnosed with lumbar degenerative disc disease, congenital spondylosis of the lumbosacral area, lumbar radiculopathy, chronic pain syndrome, umbilical hernia, and bilateral shoulder pain and dysthymic disorder. Treatment to date includes diagnostic testing, surgery, epidural steroid injection (ESI) and pain management. The injured worker is status post umbilical hernia repair on August 25, 2009. According to the primary treating physician's progress report on March 24, 2015, the injured worker continues to experience neck, mid, low back, buttock and shoulder pain which was unchanged from the last visit. The injured worker rates his pain level at 6-7/10 with pain medications and 8/10 without medications. Examination of the lumbar spine demonstrated tenderness to palpation over the lumbar paraspinal muscles with pain on flexion and extension. Straight leg raise elicits low back pain on the left side. There is normal lower extremity strength and slight decreased sensation over the left lower extremity. Tenderness to palpation was demonstrated at the 8-12 ribs on the left. Examination of the left shoulder demonstrated decreased range of motion and strength with positive drop arm test. Current medications are listed as Naproxen, Flexeril, Gabapentin, MsContin and Colace. Treatment plan consists of awaiting surgical authorization for shoulder, pursue urology evaluation, and continue with prescribed medications and the current request for Cyclobenzaprine renewal.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 7.5mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain), Cyclobenzaprine Page(s): 63-66, 41-42.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants. Guidelines, page(s) 41-42, 63-66.

Decision rationale: MTUS guidelines state the following: Cyclobenzaprine is indicated for as an option for use in short course of therapy. Efficacy is greatest in the first four days of treatment with this medication. MTUS states that treatment course should be brief. It is recommended to be used no longer than 2-4 weeks. According to the clinical documents, the Cyclobenzaprine requested is not being used for short term therapy. According to the clinical documentation provided and current MTUS guidelines; Cyclobenzaprine is not indicated a medical necessity to the patient at this time.