

Case Number:	CM15-0072985		
Date Assigned:	04/23/2015	Date of Injury:	12/08/2004
Decision Date:	06/01/2015	UR Denial Date:	03/26/2015
Priority:	Standard	Application Received:	04/16/2015

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: Texas, Illinois

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:

The injured worker is a 53 year old male who sustained an industrial injury on 12/08/2004. The injured worker was diagnosed with chronic low back pain, lumbar degenerative disc disease, failed back surgery and lumbar radiculopathy. Treatment to date includes diagnostic testing, surgery, steroid injections (latest in February 2015), weight loss, stretching and exercise program, psychological support and medications. The injured worker is status post lumbar laminectomy (no date documented). According to the primary treating physician's progress report on March 25, 2015, the injured worker continues to experience pain in the left mid thoracic level to the bilateral hips, buttocks with radiation to the left leg and foot. The injured worker rates his pain level at 8-9 /10 without medications and 5-6/10 with medications. Examination of the lumbar spine demonstrated restricted range of motion with positive straight leg raise, left worse than right with dysesthesia and hypoesthesia down the left leg to the foot. Current medications are listed as Norco, Neurontin, Elavil and Prilosec. Treatment plan consists of continuing with heat, ice, rest, gentle stretching and exercise, medications, psychological sessions and the current request for Cyclobenzaprine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Cyclobenzaprine tab 10mg Supply: 30 Qty: 90 Refills: 0, (Rx date: 02/27/2015): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-64.

Decision rationale: The injured worker sustained a work related injury on 12/08/2004. The medical records provided indicate the diagnosis of chronic low back pain, lumbar degenerative disc disease, failed back surgery and lumbar radiculopathy. Treatment to date include, surgery, steroid injections (latest in February 2015), weight loss, stretching and exercise program, psychological support and medications. The medical records provided for review do not indicate a medical necessity for Retrospective Cyclobenzaprine tab 10mg Supply: 30 Qty: 90 Refills: 0, (Rx date: 02/27/2015). Cyclobenzaprine is a muscle relaxant. The MTUS recommend the use of non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. The recommended dosing of cyclobenzaprine is 5 -10 mg three times a day. The MTUS does not recommend using it for more than 2-3 weeks. Therefore, the requested treatment is not medically necessary.