MAXIMUS Federal Services

Case Number:	CM15-0090264		
Date Assigned:	05/14/2015	Date of Injury:	01/06/2002
Decision Date:	06/22/2015	UR Denial Date:	04/10/2015
Priority:	Standard	Application Received:	05/11/2015

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, Texas, Florida
Certification(s)/Specialty: Anesthesiology, Pain Management, Hospice & Palliative 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 01/06/2002. According to the only progress report submitted for review and dated 09/19/2014, the injured worker still had continuous severe low back pain. He complained of pain in his left lower back that was rated 3-4 on a scale of 1-10. He complained of aching and throbbing pain in his middle lower back that he rated 5-8. He reported muscle spasm in his left hip that was rated 6-8. He reported numbness and weakness in his right hand with associated pain in the morning and evening that he rated 6-7. He complained of pain with spasms in his right shoulder that was rated 7. Medications were taken on an as needed basis. Medication regimen included Norco, Cyclobenzaprine, Ultracet, Glucosamine, Sotalol and Laxatin. Physical examination revealed a slightly antalgic gait. Toe and heel walk were intact, but painful. Skin color was abnormal with cool temperature. The fingers were flexible but some pain was present with range of motion. Tinel's sign was positive. Phalen's sign was present. Diffuse forearm tenderness was present without specific swelling. Moderate decrease in pin appreciated was noted in the median distribution. Wrist motor strength was graded 3/5. The spine had tenderness from the thoracolumbar spine down to the base of the pelvis. The paralumbar musculature was slightly tight bilaterally. The buttocks were tender. He was unable to fully squat due to pain. He had some tenderness on stress of the pelvis, which indicated mild sacroiliac joint symptomatology. There was mild sciatic stretch bilaterally. Diagnoses included right shoulder impingement, bilateral upper extremity overuse tendinitis, lumbar discopathy, lumbar sprain/strain syndrome, and hypertension and status post bilateral carpal tunnel release. Treatment plan included aqua

therapy, gym membership for one year, Tramadol/APAP, Cyclobenzaprine and Hydrocodone/ APAP. Currently under review is the request for Cyclobenzaprine.

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) Page(s): 63-64.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 63-66 of 127.

Decision rationale: Regarding the request for cyclobenzaprine, Chronic Pain Medical Treatment Guidelines support the use of non-sedating muscle relaxants to be used with caution as a 2nd line option for the short-term treatment of acute exacerbations of pain. Guidelines go on to state that cyclobenzaprine specifically is recommended for a short course of therapy. Within the documentation available for review, there is no identification of a specific analgesic benefit or objective functional improvement because of the cyclobenzaprine. Additionally, it does not appear that this medication is being prescribed for the short-term treatment of an acute exacerbation, as recommended by guidelines. In the absence of such documentation, the currently requested cyclobenzaprine is not medically necessary.