

Case Number:	CM15-0090789		
Date Assigned:	05/15/2015	Date of Injury:	02/19/2007
Decision Date:	06/18/2015	UR Denial Date:	05/06/2015
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: New Jersey, New York
 Certification(s)/Specialty: Family Practice

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 46 year old male, who sustained an industrial injury on 2/19/07. He reported a back injury. The injured worker was diagnosed as having lumbar radiculopathy. Treatment to date has included oral medications including gabapentin, Lexapro, Colace, ibuprofen, Flexeril, omeprazole, silenor, oxycodone, Cialis, diazepam and cyclobenzaprine, transdermal medication, lumbar surgery, epidural steroid injection, physical therapy and home exercise program. (MRI) magnetic resonance imaging of thoracic spine performed on 10/17/14 revealed desiccated mildly circumferential bulging disc at T9-10 with small left paracentral shallow disc protrusion and mildly desiccated circumferential bulging disc at T 10-11 with ligamentum flavum thickening without significant central, lateral recess or foraminal stenosis. Currently, the injured worker complains of persistent back pain with radiation from low back down left leg rated 6/10 with medications and 8.5/10 without medications. Physical exam noted antalgic gait, surgical scar of lumbar spine, restricted range of motion of lumbar spine with tenderness of paravertebral muscles and spasm on palpation. The treatment plan included continuation of home exercise program, and continuation of oral medications: Oxycodone, Colace, Lexapro, Omeprazole, Gabapentin, Ibuprofen, Silenor and Flexeril.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 10mg #60: 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 Page(s): 41-42.

Decision rationale: The use of cyclobenzaprine is medically unnecessary at this point. It is indicated for short-term use with best efficacy in the first four days. The effect is modest and comes with many adverse side effects including dizziness and drowsiness. The patient is currently on Oxycodone as well which may contribute to dizziness and drowsiness as well. The use of cyclobenzaprine with other agents is not recommended. There was improvement in pain by while using his medications but no specific details are listed as to functional improvement. This muscle relaxant is useful for acute exacerbations of chronic lower back pain but not for chronic use. Therefore, continued use is considered not medically necessary.