

Case Number:	CM15-0094369		
Date Assigned:	05/20/2015	Date of Injury:	01/09/2011
Decision Date:	06/24/2015	UR Denial Date:	04/10/2015
Priority:	Standard	Application Received:	05/15/2015

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: California
Certification(s)/Specialty: Emergency 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 58 year old male who sustained a work related injury January 9, 2011. According to a primary treating physician's report, dated March 30, 2015, the injured worker presented for a follow-up for his upper and lower back complaints. He reports having been in the hospital for TIA's (transient ischemic attacks). He is pending authorization for MLD (microscopic lumbar discectomy) left, L4-5, L5-S1. He complains of constant achy, stabbing pain, rated 9/10, located in the paralumbar region, which radiates into the left hip and down the lateral aspect of the left lower extremity to the foot. He reports associated tingling sensations to the left lower extremity. There is also sharp constant achy pain in the upper back, which radiates into the left shoulder, described as burning and rated, 9/10. His gait is antalgic with the use of a single point cane. Diagnoses are thoracic spine pain; thoracic and lumbar compression fractures T11-12 and L1; lumbar facet hypertrophy L4-5, L5-S1; lumbar degenerative disc disease. At issue, is a request for authorization 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 Po 1 QD #30: Upheld

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

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

Decision rationale: The requested Cyclobenzaprine 7.5mg Po 1 QD #30, is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Muscle Relaxants, Page 63-66, do not recommend muscle relaxants as more efficacious than NSAIDs and do not recommend use of muscle relaxants beyond the acute phase of treatment. The injured worker has pain in the upper back, which radiates into the left shoulder, described as burning and rated, 9/10. The treating physician has not documented duration of treatment, spasticity or hypertonicity on exam, intolerance to NSAID treatment, nor objective evidence of derived functional improvement from its previous use. The criteria noted above not having been met, Cyclobenzaprine 7.5mg Po 1 QD #30 is not medically necessary.