

Case Number:	CM15-0097373		
Date Assigned:	05/28/2015	Date of Injury:	06/21/2001
Decision Date:	07/07/2015	UR Denial Date:	05/05/2015
Priority:	Standard	Application Received:	05/20/2015

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, Indiana, New York
Certification(s)/Specialty: Internal 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 55 year old female, who sustained an industrial injury on 6/21/01. The injured worker was diagnosed as having cervical discopathy with disc displacement, lumbar discopathy with disc displacement, and lumbar radiculopathy. Treatment to date has included medication such as Fexmid, Nalfon, Ultram ER, Norco, and Cyclobenzaprine 10%/Tramadol 10% topical cream. The injured worker had been taking Cyclobenzaprine 7.5mg since at least 12/6/14. Physical examination findings on 2/7/15 included tenderness to palpation over the lumbar paraspinal musculature with decreased range of motion secondary to pain and stiffness. A straight leg raise on the left was positive. Tenderness to palpation over the left sacroiliac joint with positive FABER and Patrick's maneuver were also noted. Currently, the injured worker complains of pain in the low back and left sacroiliac joint with radiation to the left leg with numbness and tingling. Spasms and inflammation over the paraspinal musculature were also noted. The treating physician requested authorization for Cyclobenzaprine 7.5mg #120.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 7.5mg, #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-66. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Muscle relaxants.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Cyclobenzaprine 7.5 mg #120 is not medically necessary. Muscle relaxants are recommended as a second line option short-term (less than two weeks) of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain. Efficacy appears to diminish over time and prolonged use may lead to dependence. In this case, the injured worker's working diagnoses are cervical discopathy with disk displacement; lumbar discopathy with disk displacement; and lumbar radiculopathy. The documentation shows the injured worker was taking Cyclobenzaprine as far back as August 26, 2014. The request for authorization is dated April 28, 2015. The most recent progress note in the medical record is dated February 7, 2015. There is no contemporaneous documentation on or about the date of request for authorization. According to the most recent progress note in February 2015, the injured worker was taking Fexmid, Ultram ER, Norco, Nalfon, Prilosec, Cyclobenzaprine and Tramadol topical. The documentation in the record states there was some sort of bleeding disorder associated with the medications. Specifics are not documented in the record. All oral medications were held. Additionally, Cyclobenzaprine is indicated for short-term (less than two weeks). Cyclobenzaprine was continued from August 2014 through February 2015 (approximately 6 months). There is no documentation demonstrating objective functional improvement ongoing Cyclobenzaprine. Consequently, absent clinical documentation indicating objective functional improvement, a request for Cyclobenzaprine #120 in excess of the recommended guidelines for short-term use (prescribed in excess of six months), Cyclobenzaprine 7.5 mg #120 is not medically necessary.