MAXIMUS Federal Services

Case Number:	CM14-0146885		
Date Assigned:	09/12/2014	Date of Injury:	12/15/1999
Decision Date:	10/06/2014	UR Denial Date:	08/26/2014
Priority:	Standard	Application Received:	09/10/2014

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. The expert reviewer is Board Certified in Internal Medicine and is licensed to practice in New York. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 review indicates the claimant is a 49 yo male who sustained an industrial injury on 12/15/1999. The mechanism of injury was not provided for review. His diagnoses include lumbago, lumbar disc displacement without myelopathy, bilateral ankle and right foot pain. He continues to complain of low back pain 3-4/10. Physical exam reveals decreased range of motion of the lumbar spine with increase in pain in all planes. Motor strength is 5/5/ bilateral lower extremities. Sensation is diminished along the L4-L5 dermatomes of the right lower extremity. Sensation is diminished over the left lateral thigh. DTRs are +2 bilateral ankles and +2 bilateral knees. Straight leg raising is positive bilaterally for radicular signs and symptoms until 60 degrees. Treatment has included medical therapy with narcotics, muscle relaxants, and topical medications, physical therapy, and lumbar epidural steroid injection.The treating provider has requested Cyclobenzaprine 10mg # 60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 10 mg, #60 no refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 41.

Decision rationale: Per the reviewed literature, Cyclobenzaprine is not recommended for the long-term treatment of cervical pain. The medication has its greatest effect in the first four days of treatment. The documentation does not indicate there are palpable muscle spasms and there is no documentation of functional improvement from any previous use of this medication. Per Ca MTUS Guidelines muscle relaxants are not considered any more effective than nonsteroidal anti-inflammatory medications alone. Based on the currently available information, the medical necessity for chronic use of this muscle relaxant medication has not been established. Therefore the request for Cyclobenzaprine 10mg #60 is not medically necessary and appropriate.