

**MAXIMUS FEDERAL SERVICES, INC.**

Independent Medical Review

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**Independent Medical Review Final Determination Letter**

[REDACTED]  
[REDACTED]  
[REDACTED]

Dated: 12/20/2013

Employee: [REDACTED]  
Claim Number: [REDACTED]  
Date of UR Decision: 7/22/2013  
Date of Injury: 6/11/2013  
IMR Application Received: 8/15/2013  
MAXIMUS Case Number: CM13-0011821

Dear [REDACTED]

MAXIMUS Federal Services has completed the Independent Medical Review (“IMR”) of the above workers’ compensation case. This letter provides you with the IMR Final Determination and explains how the determination was made.

Final Determination: UPHOLD. This means we decided that none of the disputed items/services are medically necessary and appropriate. A detailed explanation of the decision for each of the disputed items/services is provided later in this letter.

The determination of MAXIMUS Federal Services and its physician reviewer is deemed to be the Final Determination of the Administrative Director of the Division of Workers’ Compensation. This determination is binding on all parties.

In certain limited circumstances, you can appeal the Final Determination. Appeals must be filed with the Workers’ Compensation Appeals Board within 30 days from the date of this letter. For more information on appealing the final determination, please see California Labor Code Section 4610.6(h).

Sincerely,

Paul Manchester, MD, MPH  
Medical Director

cc: Department of Industrial Relations, [REDACTED]

## HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Family Practice, and is licensed to practice in California. 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 physician 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.

### DOCUMENTS REVIEWED

The following relevant documents received from the interested parties and the documents provided with the application were reviewed and considered. These documents included:

- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]

### CLINICAL CASE SUMMARY

The physician reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The patient is a 41-year-old female who reported an injury on 06/11/2013. The patient is currently diagnosed with lumbar back pain, thoracic back pain, cephalgia, rib pain, and bilateral breast pain. The patient was most recently seen by Dr. [REDACTED] on 09/10/2013. Physical examination revealed soft tissue tenderness to light palpation of bilateral breast, mild tenderness to palpation of the ribs, trigger point tenderness along the extremities and axial skeleton without redness, swelling, or palpable spasm, and full range of motion in all planes. There was soft tissue paraspinal muscle tenderness, full range of motion of the thoracic spine, and paraspinal and gluteal tenderness to palpation along the lumbar spine with decreased sensation to bilateral lower extremities and 1+ deep tendon reflexes. Treatment plan included an MRI of the brain without contrast and instructions on healthy lifestyle eating. The patient's most recent MRI of the lumbar spine was dated 09/07/2013 and indicated multilevel degenerative discopathy and spondyloarthropathy with a small central annular defect at L5-S1, small perineural cyst noted at S1 and S2. A recent MRI of the brain was submitted on 09/24/2013 and indicated no significant changes and negative findings.

## IMR DECISION(S) AND RATIONALE(S)

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

### **1. Cyclobenzaprine 10mg #30 tabs for the head and low back is not medically necessary and appropriate.**

The Claims Administrator based its decision on the ACOEM Treatment Guidelines, which is part of the MTUS.

The Physician Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, pages 63-66, which is part of the MTUS.

The Physician Reviewer's decision rationale:

California MTUS Guidelines state muscle relaxants are recommended as non-sedating second line options for short-term treatment of acute exacerbations in patients with chronic low back pain. However, in most low back pain cases, they show no benefit beyond NSAIDs in pain and overall improvement. Efficacy appears to diminish over time and prolonged use of some medications in this class may lead to dependence. Cyclobenzaprine is recommended for a short course of therapy and is not recommended to be used longer than 2 to 3 weeks. As per the clinical notes submitted, the patient's physical examinations from 07/01/2013 through 09/10/2013 reveal no evidence of palpable muscle spasm or tightness. There is no evidence of a failure to respond to oral anti-inflammatory medication or other first line options prior to the initiation of a muscle relaxant. Documentation of objective improvement following treatment with a muscle relaxant was not provided. The medical necessity has not been established. **The request for Cyclobenzaprine 10mg #30 tabs for the head and low back is not medically necessary and appropriate.**

/skf

Disclaimer: MAXIMUS is providing an independent review service under contract with the California Department of Industrial Relations. MAXIMUS is not engaged in the practice of law or medicine. Decisions about the use or nonuse of health care services and treatments are the sole responsibility of the patient and the patient's physician. MAXIMUS is not liable for any consequences arising from these decisions.

[REDACTED]

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