

Case Number:	CM13-0015175		
Date Assigned:	01/08/2014	Date of Injury:	08/17/2009
Decision Date:	03/19/2014	UR Denial Date:	08/02/2013
Priority:	Standard	Application Received:	08/22/2013

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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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. 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 patient is a 41 year old male with date of injury on 08/17/2009. The progress report dated 07/24/2013 indicates that the patient's diagnoses include: (1) Dysthymic disorder, (2) Congenital spondylolysis, lumbosacral region, (3) Lumbar radiculopathy, (4) Lumbar degenerative disk disease, (5) Non-cardiac chest pain, (6) Bilateral shoulder pain, (7) Chronic pain syndrome. The patient continues with low back pain and left flank/rib pain. Exam findings indicated moderate spasm and tenderness over the lumbar paraspinals. There is pain with lumbar flexion and extension. Straight leg raise elicits low back pain on the left side. There is tenderness to palpation of the lateral ribs at 8 through 12 on the left. The patient's medications were refilled. One of which included cyclobenzaprine 7.5 mg #60. Utilization review letter dated 08/07/2013 issued non-certification of this request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 7.5mg, quantity 60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Cyclobenzaprine Page(s): 64.

Decision rationale: The patient continues with low back pain and left flank/rib pain. MTUS page 64 regarding cyclobenzaprine states that it is recommended for a short course of therapy. Limited common mixed evidence does not allow for recommendation for chronic use. MTUS further states that this medication is not recommended to be used for longer than 2 to 3 weeks. Six medical reports between 03/24/2013 and 12/16/2013 indicate the patient has been continually prescribed Flexeril. Continued use of this medication does not appear to be recommended by MTUS Guidelines for chronic use. Therefore, recommendation is for denial.