

Case Number:	CM13-0022941		
Date Assigned:	11/15/2013	Date of Injury:	08/10/2012
Decision Date:	02/06/2014	UR Denial Date:	08/14/2013
Priority:	Standard	Application Received:	09/11/2013

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 & Rehabilitation and is licensed to practice in Oklahoma and Texas. 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 42-year-old female who reported an injury on 08/10/2012 after running to respond to a backup call causing a strong pull and tightening in the left hamstring and buttock region. The patient's chronic pain was managed with medications. The patient underwent an electrodiagnostic study that had findings consistent with chronic right S1 radiculopathy. The clinical findings on 07/03/2013 included tenderness to palpation of the lumbar region, pain with terminal range of motion, and a positive seated nerve root test with dysesthesia in the L5 and S1 dermatomes. The patient's diagnoses included lumbar discopathy/facet arthropathy and left lower extremity radiculitis. The patient's treatment plan included acupuncture and continuation of medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

120 Cyclobenzaprine Hydrochloride 7.5mg (DOS: 7/3/2013): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine Page(s): 41-42.

Decision rationale: The requested 120 Cyclobenzaprine Hydrochloride 7.5 mg, date of service 07/03/2013 is not medically necessary or appropriate. The clinical documentation submitted for review does provide evidence that the patient has pain that would benefit from medication management. However, California Medical Treatment Utilization Schedule recommends muscle relaxants such as Cyclobenzaprine be used for short courses of therapy. The requested 120 pills exceed what would be considered a short course of therapy of 4 weeks. The clinical documentation submitted for review does not provide any evidence to support the necessity of extending treatment beyond guideline recommendations. As such, the requested 120 Cyclobenzaprine Hydrochloride 7.5 mg, date of service 07/03/2013 is not medically necessary or appropriate.