

Case Number:	CM13-0025630		
Date Assigned:	11/20/2013	Date of Injury:	07/20/2002
Decision Date:	01/29/2014	UR Denial Date:	08/27/2013
Priority:	Standard	Application Received:	09/17/2013

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 53 year old injured worker with a date of injury of July 20, 2013. The progress report dated August 22, 2013 by [REDACTED], noted that the patient continued to complain of low back pain that radiates to the lower leg. Exam findings included limited lumbar ROM and mild paraspinal muscle spasm. The patient's diagnoses include: lumbar radiculopathy, facet arthropathy, lumbar discogenic pain, cervicalgia, lumbago, and myalgia. The patient received prescription for Cyclobenzaprine HCL 7.5 mg for muscle spasms. The records dated June 19, 2013 and June 06, 2013, also noted that the patient received a prescription for Cyclobenzaprine HCL 7.5mg for muscle spasms.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Cyclobenzaprine HCL 7.5mg, quantity 60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines in relation to Flexeril indicates recommendation for short course of therapy and limited, mixed-evidence does not allow for a recommendation for chronic use. The medical records indicate that the patient has been on long term use of Flexeril, which is not supported by the guidelines. The request for 1 prescription of Cyclobenzaprine HCL 7.5mg, quantity 60 is not medically necessary and appropriate.