

Case Number:	CM13-0028448		
Date Assigned:	11/27/2013	Date of Injury:	07/10/2013
Decision Date:	01/27/2014	UR Denial Date:	09/20/2013
Priority:	Standard	Application Received:	09/23/2013

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 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 underlying date of injury in this case is 07/10/2013. The patient's diagnosis is status post closed reduction of a left navicular fracture of 07/10/2013. This patient was seen in orthopedic evaluation by her prior treating physician on 08/15/2013. At that time, the treating physician reviewed the patient's history which he clarified as a right ankle sprain and a left wrist navicular fracture. The treating physician noted the patient had a cast over the left forearm and had good stability to varus and valgus stress. The patient was given prescriptions for omeprazole, naproxen, cyclobenzaprine, and tramadol. Of note, thoracolumbar spinal motion was normal with straight leg raising of 90 degrees seated and supine. Previously on 07/26/2013, the patient had been referred to physical therapy with the complaint of cervicolumbar pain as well as right ankle pain and left elbow pain. A prior physician reviewer concluded that the medical records did not document the muscle spasm, tension, or other indications for this medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 7.5mg, #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Procedure

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants/Flexeril Page(s): 64.

Decision rationale: The Chronic Pain Medical Treatment Guidelines Section on Muscle Relaxants/Flexeril, page 64, states, "Recommended for a short course of therapy. Limited, mixed evidence does not allow for a recommendation for chronic use." The medical records are unclear at this time regarding the frequency or duration for which this medication is proposed. It is also unclear as to whether this patient has ongoing muscle spasms during the time period the medication was prescribed to support indication for this prescription. For multiple reasons, the records and guidelines do not support this request. This request is not medically necessary.