

Case Number:	CM13-0036322		
Date Assigned:	12/13/2013	Date of Injury:	04/03/2012
Decision Date:	05/21/2014	UR Denial Date:	10/02/2013
Priority:	Standard	Application Received:	10/21/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation and Pain Medicine and is licensed to practice in Texas and Ohio. 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 expert 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 injured worker reported an injury on 04/03/2012. The mechanism of injury was a slip and fall on the floor. The injured worker's medication history included Cymbalta and Zanaflex as of 01/2013. The documentation of 09/03/2013 revealed the injured worker was utilizing Fexmed, Norco and Celebrex. The physical examination was illegible as it was handwritten. The diagnosis was status post left knee contusion. The treatment plan included medication, additional aquatic therapy as it was helpful to all areas, and continuation of a home exercise program.

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

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

Decision rationale: The California MTUS Guidelines recommend muscle relaxants as a second-line option for the short-term treatment of acute low back and their use is recommended for less than 3 weeks. There should be documentation of objective functional improvement. The clinical documentation submitted for review indicated the injured worker had been utilizing the

medication for greater than 8 months. There was a lack of documentation of objective functional improvement with the medication. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for Cyclobenzaprine 7.5 mg #60 is not medically necessary.