

Case Number:	CM13-0043652		
Date Assigned:	12/27/2013	Date of Injury:	09/26/2011
Decision Date:	04/24/2014	UR Denial Date:	10/10/2013
Priority:	Standard	Application Received:	10/25/2013

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 Family Practice and is licensed to practice in 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 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 patient is a 59-year-old male who reported injury on 09/26/2011. The mechanism of injury was the patient was moving heavy equipment. The patient's medication history included muscle relaxants as of 01/2013. The physical examination of on 08/09/2013 revealed the patient had low back pain at a 6/10 to 8/10. The treatment plan included hydrocodone/APAP, cyclobenzaprine, and nortriptyline. The patient's diagnosis included status post lumbar decompression on the left at L3-4 on 05/21/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 PRESCRIPTION OF CYCLOBENZAPRINE 7.5MG #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: California MTUS Guidelines recommend muscle relaxants as a second line option for the short term treatment of acute low back pain 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 patient had been on the medication for greater

than 6 months. There was lack of documentation indicating an objective functional improvement and/or exceptional factors to warrant non-adherence to guideline recommendations. Given the above, the request for 1 prescription of cyclobenzaprine 7.5 mg #60 is not medically necessary.