

Case Number:	CM13-0054867		
Date Assigned:	12/30/2013	Date of Injury:	10/20/1999
Decision Date:	04/30/2014	UR Denial Date:	11/07/2013
Priority:	Standard	Application Received:	11/18/2013

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 and Rehabilitation has a subspecialty in Pain Management 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 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:

This is a patient with a date of injury of 10/20/99. A utilization review determination dated 11/7/13 recommends non-certification of cyclobenzaprine. 10/22/13 medical report identifies neck and back pain with numbness and tingling in the bilateral extremities. Medications decrease pain by 30% and allow him to increase his walking distance by about 20 minutes. On exam, there is tenderness and pain with facet loading, as well as decreased ROM.

IMR ISSUES, DECISIONS AND RATIONALES

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

MEDICATION REVIEW FOR CYCLOBENZAPRINE 7.5 MG #90: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxant (for pain) Page(s): 63-66.

Decision rationale: Regarding the request for cyclobenzaprine, CA MTUS Chronic Pain Medical Treatment Guidelines support the use of nonsedating muscle relaxants to be used with caution as a 2nd line option for the short-term treatment of acute exacerbations of pain. Within the documentation available for review, it does not appear that this medication is being prescribed for the short-term treatment of an acute exacerbation, as recommended by guidelines.

In the absence of such documentation, the currently requested Flexeril is not medically necessary.