

Case Number:	CM13-0059433		
Date Assigned:	03/26/2014	Date of Injury:	03/31/2013
Decision Date:	05/23/2014	UR Denial Date:	11/01/2013
Priority:	Standard	Application Received:	12/02/2013

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 Occupational Medicine 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:

The patient is a 56-year-old male with a 3/31/13 date of injury. There is documentation of subjective acute exacerbation of chronic low back pain with spasms. There are objective findings of palpable muscle spasms. Current diagnoses are lumbar discopathy. Treatment to date includes a brief course of Cyclobenzaprine in the past with significant improvement in muscle spasms. In addition, 10/28/13 medical report plan identifies brief course of Cyclobenzaprine, one tablet every 8 hours as needed not to exceed more than three per day. There is no documentation of an intention for short-term (less than two weeks) treatment; and functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as result of use of Cyclobenzaprine.

IMR ISSUES, DECISIONS AND RATIONALES

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

CYCLOBENZAPRINE HYDROCHLORIDE TABLETS 7.5 MG, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MUSCLE RELAXANTS (FOR PAIN). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MUSCLE RELAXANTS FOR PAIN Page(s): 63-64. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of acute exacerbation of chronic low back pain and used as a second line option for short-term treatment, as criteria necessary to support the medical necessity of muscle relaxant. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. The Official Disability Guidelines (ODG) identifies that muscle relaxants are recommended for short-term (less than two weeks) treatment. Within the medical information available for review, there is documentation of a diagnosis of lumbar discopathy. In addition, there is documentation of acute exacerbation of chronic low back pain with palpable muscle spasms. However, there is no clear documentation of an intention for short-term (less than two weeks) treatment. In addition, despite documentation of significant improvement in spasms with previous use of Cyclobenzaprine, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as result of use of Cyclobenzaprine. The request for Cyclobenzaprine Hydrochloride Tablets 7.5 mg, #60 is not medically necessary and appropriate.