

Case Number:	CM13-0065070		
Date Assigned:	01/03/2014	Date of Injury:	10/12/2011
Decision Date:	04/18/2014	UR Denial Date:	12/03/2013
Priority:	Standard	Application Received:	12/12/2013

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Florida. 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 57-year-old male who reported an injury on 10/12/2011 due to a fall from a ladder. The patient reportedly sustained an injury to his low back, left wrist, and right shoulder. The patient underwent surgical intervention to the right shoulder, followed by postoperative physical therapy. Prior treatments have included home exercises, physical therapy, left wrist brace, epidural steroid injections, and multiple medications. The patient was evaluated on 10/22/2013. Physical findings included tenderness to palpation with trigger points of the lumbar paraspinal musculature, a positive straight leg raising test, and a positive piriformis test. The patient had decreased lumbar range of motion in all planes secondary to pain. Evaluation of the shoulder documented that the patient had restricted range of motion secondary to pain with an empty can test. The patient's diagnoses included lumbar back pain, left wrist pain, and left knee pain. The patient's medications included cyclobenzaprine, naproxen, and tramadol. The patient's treatment plan includes continuation of medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE REVIEW FOR 1 PRESCRIPTION OF CYCLOBENZAPRINE HCL 10 MG #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain).

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

Decision rationale: The retrospective review for 1 prescription of cyclobenzaprine hydrochloride 10 mg #90 is not medically necessary or appropriate. The clinical documentation submitted for review does indicate that the patient has been taking this medication since at least 12/2012. California Medical Treatment Utilization Schedule recommends muscle relaxants be used for short duration of treatment, not to exceed 2 to 3 weeks. The clinical documentation indicates that the patient has been on this medication for a period well beyond the duration of treatment recommended by California Medical Treatment Utilization Schedule. Additionally, the clinical documentation submitted for review does not provide any evidence of functional benefit or pain relief resulting from the use of this medication. Therefore, continued use would not be supported. As such, the retrospective review for 1 prescription of cyclobenzaprine hydrochloride 10 mg #90 is not medically necessary or appropriate.