

Case Number:	CM13-0070342		
Date Assigned:	01/03/2014	Date of Injury:	06/29/2006
Decision Date:	05/30/2014	UR Denial Date:	12/17/2013
Priority:	Standard	Application Received:	12/24/2013

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 Sports Medicine 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 injured worker is a 57 year old female who reported an injury on 07/26/2006. The mechanism of injury occurred while the injured worker was pulling/turning a patient. As per the clinical note dated 12/04/2013 the injured worker complained of constant pain in her mid-back and low back. The injured worker rated the pain 7-8/10 without medication and 5/10 with medication. The physical exam reported the injured worker had tenderness to palpation of the cervical and thoracolumbar spine. The injured worker had diagnoses of cervical, thoracic, lumbar herniated nucleus pulposus, stress and anxiety. The provider noted the injured worker has shown subjective improvement in terms of pain but not shown objective improvement in terms of tenderness range of motion and strength. The injured worker was prescribed Tramadol, Diclofenac Sodium, Cyclobenzaprine, and Mirtazapine. The request for authorization for Cyclobenzaprine 7.5 mg # 90 was signed on 12/10/2013. The provider recommended a refill on Cyclobenzaprine 7.5 mg # 90 since the injured worker appeared to have benefited from the medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

CYCLOBENZAPRINE 7.5MG #90: 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
CYCLOBENZAPRINE (FLEXERIL) Page(s): 41-42.

Decision rationale: The request for Cyclobenzaprine 7.5MG #90 is not medically necessary. The injured worker reported constant pain in her mid-back and low back with pain rated 7-8/10 with out medication and 5/10 with medication. The Chronic Pain Medical Treatment Guidelines recommended as an option, using a short course of therapy. Cyclobenzaprine (Flexeril®) is more effective than placebo in the management of back pain. The guidelines also note the treatment should be brief. There was a lack of documentation of the length of time the injured worker has been taking the medication and no improvement in functional ability. Therefore the request for Cyclobenzaprine 7.5 mg #90 is not medically necessary.