

Case Number:	CM14-0000809		
Date Assigned:	01/17/2014	Date of Injury:	12/22/1999
Decision Date:	11/17/2014	UR Denial Date:	12/02/2013
Priority:	Standard	Application Received:	01/02/2014

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:

There were 47 pages provided for this review. The application for independent medical review was signed on December 30, 2013. The claimant's date of injury was in the year 1999. Per the records provided, the patient's diagnoses included chronic pain syndrome, disorders of the sacrum, lumbago, lumbar sprain and strain, lumbosacral spondylosis and other symptoms referable to the back. Several medicines were reviewed in one utilization review record that was provided. A clinical note from July 2, 2012 notes that he was born on June 7, 1975. At the time of this review, he was described as a 37-year-old male. He has low back pain. There is been no change in his pain despite the treatments. The diagnoses were lumbar osteoarthritis and lumbar strain. He was on naproxen at that point as well as Norco, water, Tizanidine, Metamucil and capsaicin cream. There was a similar visit from January 23, 2012, December 5, 2012, April 12, 2012 and August 2, 2012. I did not find records close to the date of the IMR request. The urine drug testing was positive for marijuana. Other clinical was presented.

IMR ISSUES, DECISIONS AND RATIONALES

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

90 Cyclobenzaprine (Flexeril) 7.5mg, 1 Up To Three Times Daily: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 41-42.

Decision rationale: The MTUS recommends Flexeril (cyclobenzaprine) for a short course of therapy. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. Treatment should be brief. The addition of cyclobenzaprine to other agents is not recommended. In this case, there has been no objective functional improvement noted in the long-term use of muscle relaxants in this claimant. Long term use of muscle relaxants is not supported. Also, it is being used with other agents, which also is not clinically supported in the MTUS. The request is appropriately non-certified.