

Case Number:	CM14-0001377		
Date Assigned:	01/22/2014	Date of Injury:	12/14/2006
Decision Date:	06/10/2014	UR Denial Date:	12/16/2013
Priority:	Standard	Application Received:	01/03/2014

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 Anesthesiology and Pain Medicine 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 injured worker is a 69 year old male who reported an injury on 12/16/2006. He reportedly missed a step on uneven ground and severely twisted his low back, he did not fall. The clinical note dated 11/07/2013 presented the injured worker with low back pain, more left sided than right sided, with pain radiated to the left groin, thigh, calf, and foot. He is post a lumbar decompression as of September 2007. The injured worker's physical exam revealed a spasm bilaterally to the lumbar spine and lumbar range of motion values of 38 degrees of flexion, 14 degrees of extension, 18 degrees of left lateral bending, and 22 degrees of right lateral bending. The injured worker had a diagnosis of sprain/strain of the lumbar spine. The provider has recommended cyclobenzaprine 10 MG #90. The request for authorization form is not included in the medical documents.

IMR ISSUES, DECISIONS AND RATIONALES

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

CYCLOBENZAPRINE 10MG #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MUSCLE RELAXANTS Page(s): 64.

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

Decision rationale: The request for Cyclobenzaprine 10MG #90 is not medically necessary. The California MTUS recommend Cyclobenzaprine as an option for a short course of therapy. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better and treatment should be brief. The medical documents state that the injured worker has been on Cyclobenzaprine since at least 12/2013. The guidelines recommend a short course of therapy. The request for Cyclobenzaprine 10MG #90 exceeds the recommendations of the guidelines. Therefore, the request is not medically necessary.