

Case Number:	CM14-0008028		
Date Assigned:	02/12/2014	Date of Injury:	07/08/1995
Decision Date:	06/25/2014	UR Denial Date:	12/25/2013
Priority:	Standard	Application Received:	01/22/2014

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:

The applicant is a represented [REDACTED] employee who has filed a claim for chronic pain syndrome, chronic low back pain, and anxiety reportedly associated with an industrial injury of July 8, 1995. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representations; earlier lumbar fusion surgery; unspecified amounts of physical therapy; opioid therapy; and muscle relaxants. In a Utilization Review Report dated December 25, 2013, the claims administrator denied a request for cyclobenzaprine or Flexeril. The applicant's attorney subsequently appealed. In a November 6, 2013 progress note, the applicant was described as reporting persistent complaints of low back pain with associated stiffness and limited mobility noted on exam. Prescriptions for cyclobenzaprine, Norco, and Neurontin were endorsed, along with a rather proscriptive 25-pound lifting limitation. It did not appear that the applicant was working with said 25-pound lifting limitation in place.

IMR ISSUES, DECISIONS AND RATIONALES

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

CYCLOBENZAPRINE TAB 10MG: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, , 64

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MTUS Chronic Pain Medical Treatment Guidelines, Cyclobenzaprine topic. Page(s): 41.

Decision rationale: As noted on page 41 of the MTUS Chronic Pain Medical Treatment Guidelines, addition of cyclobenzaprine or Flexeril to other agents is not recommended. In this case, the applicant is using several other analgesic and adjuvant medications, including Norco and Neurontin. Adding cyclobenzaprine or Flexeril to the mix is not recommended. Therefore, the request is not medically necessary.