

Case Number:	CM14-0008299		
Date Assigned:	02/07/2014	Date of Injury:	05/14/2004
Decision Date:	11/24/2014	UR Denial Date:	01/06/2014
Priority:	Standard	Application Received:	01/17/2014

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 low back pain reportedly associated with an industrial injury of May 14, 2004. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; opioid therapy; and unspecified amounts of physical therapy over the course of the claim. In a Utilization Review Report dated January 6, 2014, the claims administrator denied a request for Cyclobenzaprine. The applicant attorney subsequently appealed. In a February 14, 2014, progress note, the applicant reported ongoing complaints of low back pain, mild, 4/10. The applicant also reported dyspepsia, medication-induced. The applicant was given diagnoses of myofascial pain syndrome and lumbar degenerative disk disease. The applicant was given prescriptions for tramadol and Prilosec on this occasion. The applicant was returned to regular duty work. A prescription for Cyclobenzaprine was apparently subsequently endorsed.

IMR ISSUES, DECISIONS AND RATIONALES

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

CYCLOBENZAPRINE 7.5MG ONE TABLET TWICE PER DAY: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
MUSCLE RELAXANTS - CLYCLOBENZAPRINE (FLEXERIL) Page(s): 65.

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

Decision rationale: As noted on page 41 of the MTUS Chronic Pain Medical Treatment Guidelines, the addition of Cyclobenzaprine to other agents is not recommended. Here, the applicant was concurrently using Tramadol. Addition of Cyclobenzaprine to the mix was not indicated. Therefore, the request is not medically necessary.