

Case Number:	CM14-0100064		
Date Assigned:	09/16/2014	Date of Injury:	10/09/2002
Decision Date:	10/23/2014	UR Denial Date:	06/08/2014
Priority:	Standard	Application Received:	06/30/2014

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 October 9, 2002. Thus far, the applicant has been treated with the following: Analgesic medications; unspecified amounts of physical therapy over the life of the claim; earlier multiple level lumbar spine surgery on March 8, 2013; and transfer of care to and from various providers in various specialties. In a utilization review report dated June 6, 2014, the claims administrator denied a request for Cyclobenzaprine. In its utilization report, the claims administrator stated that it was basing its decision on a request for authorization (RFA) form dated May 23, 2014. However, it does not appear that that RFA form and/or associated progress notes were incorporated into the independent medical review packet. The applicant's attorney subsequently appealed. In a December 24, 2002, progress note, the applicant presented with ongoing complaints of neck pain, upper back pain, and low back pain. The applicant was using ibuprofen on an as-needed basis. The applicant was not working; it was suggested at that point in time. In a November 19, 2013, medical-legal evaluation, it was stated that the applicant was a qualified injured worker, implying that the applicant was not working. The applicant was receiving Social Security Disability Insurance (SSDI) benefits; it was stated at that point in time.

IMR ISSUES, DECISIONS AND RATIONALES

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

90 Tablets of Cyclobenzaprine HCl 10 mg: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines Cyclobenzaprine.

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

Decision rationale: As noted on page 41 of the MTUS Chronic Pain Medical Treatment Guidelines, Cyclobenzaprine is recommended as an option, using a short course of therapy. The 90-tablet supply of cyclobenzaprine proposed, however, implies chronic, long-term, and scheduled use purposes. The request, thus, does not conform to the short course of therapy recommended on page 41 of the MTUS Chronic Pain Medical Treatment Guidelines. It is noted, however, that the claims administrator seemingly failed to incorporate the progress note on which this particular request was made into the independent medical review packet. The information which is on file, however, does not substantiate the request. Therefore, the request is not medically necessary.