

Case Number:	CM14-0017936		
Date Assigned:	04/16/2014	Date of Injury:	09/12/2000
Decision Date:	05/13/2014	UR Denial Date:	02/05/2014
Priority:	Standard	Application Received:	02/12/2014

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 Internal Medicine, Pulmonary Diseases, 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 injured worker is a 51-year-old male who reported an injury on 09/12/2000. The injured worker was evaluated on 01/13/2014. Physical findings included limited range of motion secondary to pain with tenderness and spasm of the lumbar paraspinal musculature, decreased sensation in the L4-5 distribution, and absent sensation in the S1 dermatome. It was noted that the injured worker's treatment history included home exercise, medications, and epidural steroid injections. The injured worker's medications included Gabapentin, Lidoderm patches, Norco, nabumetone, Effexor, and cyclobenzaprine. The injured worker's diagnoses included low back pain, lumbosacral neuritis, lumbosacral radiculopathy, chronic pain, failed back surgery syndrome, and facet syndrome. The injured worker's treatment plan included continuation of medications for pain control, activity modifications, and modified work duties.

IMR ISSUES, DECISIONS AND RATIONALES

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

ONE PRESCRIPTION OF CYCLOBENZAPRINE 7.5MG, #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section Muscle Relaxants Page(s): 63. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, MUSCLE RELAXANTS, 63

Decision rationale: The California Medical Treatment Utilization Schedule (MTUS) recommends the use of muscle relaxants for short durations of treatment for acute exacerbations of chronic pain. The CA MTUS does not recommend the long term use of muscle relaxants in the management of chronic pain. The clinical documentation submitted for review does not provide any evidence that this is an acute exacerbation of chronic pain. Additionally, the clinical documentation does indicate that the injured worker has been on some type of muscle relaxant since at least 05/2012. Therefore, continued use of this medication would not be supported. Also, the request as it is submitted does not provide a frequency of treatment. Therefore, the appropriateness of the request itself cannot be determined. As such, the requested one prescription of Cyclobenzaprine 7.5MG, #90 is not medically necessary and appropriate.