

Case Number:	CM14-0017945		
Date Assigned:	04/16/2014	Date of Injury:	03/01/2001
Decision Date:	06/03/2014	UR Denial Date:	02/03/2014
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 Physical Medicine & Rehabilitation, has a subspecialty in Sports Medicine and is licensed to practice in Texas. 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 53 year old female who reported an injury on 03/01/2001. The mechanism of injury was reportedly repetitive motions. The clinical notes dated 08/28/2013 through 12/04/2013, submitted for review, showed the injured worker complained of ongoing neck pain, lower back pain with left-sided posterior thigh pain, and buttock pain. She was noted to be taking Carisoprodol and Naproxen. Her diagnoses included chronic cervicothoracic/lumbodorsal strains and C5-6 radiculopathy. The physical examinations showed negative straight leg raise bilaterally and neuromotor deficits noted in the lower extremity. The request for authorization was not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

PRESCRIPTION FOR CYCLOBENZAPRINE 10MG #100: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (For Pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Section Page(s): 63-66.

Decision rationale: The request for Cyclobenzaprine 10mg #100 is non-certified. The injured worker has a history of low back and neck pain. The CA MTUS Guidelines recommend non-

sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. The guidelines also show efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. Based on the clinical information submitted for review, there is no clear documentation this medication will be used short term or the rationale for use. In addition, there was no frequency or duration for the proposed treatment. There was a lack of documentation indicating the injured worker had significant muscle spasms. Therefore, the request for Cyclobenzaprine is non-certified.