

Case Number:	CM14-0117021		
Date Assigned:	08/06/2014	Date of Injury:	07/09/2012
Decision Date:	09/10/2014	UR Denial Date:	07/08/2014
Priority:	Standard	Application Received:	07/25/2014

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 and Rehabilitation and is licensed to practice in Nevada. 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 records presented for review indicate that this 43 year-old individual was reportedly injured on 7/9/2012. The mechanism of injury is not listed in these records reviewed. The most recent progress note, dated 6/26/2014, indicates that there are ongoing complaints of chronic low back pain. The physical examination demonstrated bilateral lower extremities D10 reflexes 2+ equal bilaterally except for one plus right Achilles. Decreased sensation to light touch in the S1 dermatome on the right side. Antalgic gate favoring the right. Lumbar spine: positive tenderness to palpation paraspinal muscles overlying the facet joints, trigger points noted over lower paraspinal, one plus muscle spasm noted over lower paraspinal. No recent diagnostic studies are available for review. Previous treatment includes medications, and conservative treatment. A request had been made for Cyclobenzaprine 10 mg #90 with 5 refills, and was not certified in the pre-authorization process on 7/8/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

CYCLOBENZAPRINE 10 MG #90 W/5 REFILLS QUANTITY: 90 REFILLS: 5: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MUSCLE RELAXANTS.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26, MTUS (Effective July 18, 2009) Muscle relaxants Page(s): 41, 64 of 127.

Decision rationale: MTUS Guidelines support the use of skeletal muscle relaxants (Cyclobenzaprine) for the short-term treatment of pain, but advises against long-term use. Given the claimant's date of injury, clinical presentation, and amounts of medication prescribed the guidelines do not support this request for chronic pain. As such, the request is not medically necessary.