

Case Number:	CM14-0119980		
Date Assigned:	09/16/2014	Date of Injury:	03/03/2013
Decision Date:	11/26/2014	UR Denial Date:	07/04/2014
Priority:	Standard	Application Received:	07/30/2014

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 Physical Medicine and Rehabilitation 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:

Medical records reflect the claimant is a 54 year old male who sustained a work injury on 3-3-13. On this date, he was pushing a medium container, when he lost his step and fell on top of the container. When he fell, he experienced a pull and a very sharp pain in the lower back. The claimant reports continue pain at the low back with radiating pain to the hips and gluteus. He also has weakness and tingling and burning sensation. Office visit on 5-2-14 notes the claimant was seen for initial orthopedic consultation. His current medications include Tramadol, Benazepril and Naproxen. On exam, he has pain with palpation, decreased range of motion. SLR was positive bilaterally, right greater than left.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine HCL 7.5 mg # 90: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines muscle relaxants Page(s): 63-67. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain chapter - muscle relaxants

Decision rationale: Chronic Pain Medical Treatment Guidelines as well as ODG does not support the long term use of muscle relaxants. There are no extenuating circumstances to support the long term use of this medication in this case or significant improvement with the use of this medication. Therefore, the request for Cyclobenzaprine HCL 7.5 mg # 90 is not medically necessary and appropriate.