

Case Number:	CM14-0126381		
Date Assigned:	08/29/2014	Date of Injury:	02/21/1990
Decision Date:	10/09/2014	UR Denial Date:	07/10/2014
Priority:	Standard	Application Received:	08/08/2014

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 49 year old female individual was reportedly injured on February 21, 1990 to the back. The most recent progress note, dated June 16, 2014, indicated that there were ongoing complaints of low back pain. The physical examination demonstrated a well developed, well nourished individual with a number of unrelated ordinary diseases of life comorbidities and who is in no acute distress. Diagnostic imaging studies objectified minimal disc lesion and foraminal narrowing. Previous treatment included multiple medications, physical therapy, pain management interventions. A request was made for Cyclobenzaprine and was not certified in the preauthorization process on August 8, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 5mg, 1 tab orally twice per day, 30 days, #60, with no refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine, (Flexeril).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants: Page(s): 41, 64 of 127.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) Guidelines support the use of skeletal muscle relaxants for the short term treatment of pain but advises against long term

use. Given the claimant's date of injury and clinical presentation presented in the progress notes reviewed, and that the guidelines do not support this request for chronic pain, there is no clinical indication for such an intervention. As such, the request is not medically necessary.