

Case Number:	CM14-0156172		
Date Assigned:	09/25/2014	Date of Injury:	11/01/2009
Decision Date:	12/03/2014	UR Denial Date:	08/18/2014
Priority:	Standard	Application Received:	09/23/2014

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 and is licensed to practice in Texas and Oklahoma. 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 11/01/2008. The mechanism of injury was not provided. The injured worker underwent an MRI of the lumbar spine, left shoulder, and electrodiagnostic studies. The injured worker underwent a left carpal tunnel release in 12/2013. The documentation indicated the injured worker's medications included cyclobenzaprine as of at least 01/2014. Documentation of 07/21/2014 revealed the injured worker noted improved range of motion and greater tolerance to exercise and adherence to recommended activity level with medications. The injured worker was utilizing tramadol ER, PPIs, and NSAIDs. The injured worker's spasms were noted to be refractory to physical therapy, activity modification, stretching, TENS, home exercise, and cold and heat. The use of cyclobenzaprine at 3 times a day dosing resulted in significant diminution in spasms. The physical examination revealed spasms of the lumboparaspinal musculature and forearm musculature that was less pronounced. The diagnosis included left shoulder impingement, bilateral foraminal stenosis L3-4, L4-5, and status post left carpal tunnel release. The treatment plan included continue with the medications. There was no Request for Authorization submitted to support the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 7.5mg #90: Upheld

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

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

Decision rationale: The California MTUS Guidelines recommend muscle relaxants as a second line option for the short term treatment of acute low back pain. Their use is recommended for less than 3 weeks. The clinical documentation submitted for review indicated the injured worker had utilized the medication since at least 01/2014. There was a lack of documentation indicating any acute onset or reinjury. There was documentation of objective functional improvement. However, as this medication is not recommended for more than 3 weeks, this request is not supported. Additionally, the request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for cyclobenzaprine 7.5 mg #90 is not medically necessary.