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| Case Number: | CM14-0156720 | | |
| Date Assigned: | 09/26/2014 | Date of Injury: | 02/05/2002 |
| Decision Date: | 10/29/2014 | UR Denial Date: | 09/03/2014 |
| Priority: | Standard | Application Received: | 09/24/2014 |

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Florida. 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 63-year-old male who reported injury on 02/05/2002. The mechanism of injury was not provided. The injured worker's diagnosis included status post cervical fusion, status post lumbar fusion, and recent ventral hernia/status post gastric bypass. The injured worker's past treatments include medications and surgery. On the clinical note dated 07/07/2014, the injured worker complained of neck and back pain. The injured worker had cervical MRI dated 10/14/2012, that showed herniated nucleus pulposus at C3-4; and lumbar MRI dated 10/14/2012 that showed L3-S1 fusion, the medical records did not provide objective findings. The injured worker's medications included Norco 10/325 mg twice a day and Flexeril 7.5 mg twice a day. The request was for cyclobenzaprine 7.5 mg #60. The rationale for the request was not submitted. The Request for Authorization form was not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 7.5mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, MUSCLE RELAXANTS, Page(s): 63-66.

Decision rationale: The request for cyclobenzaprine 7.5 mg #60 is not medically necessary. The injured worker's diagnoses are status post cervical fusion, status post lumbar fusion, and recent ventral hernia/status post gastric bypass. The injured worker complained of neck and back pain. The California MTUS Guidelines recommend nonsedating muscle relaxants with caution as a second line option for short term treatment of acute exacerbations in patients with chronic low back pain. Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. Flexeril is recommended for a short course of therapy. This medication is not recommended to be used for longer than 2 to 3 weeks. The injured worker's medical records laced documentation of the efficacy of the medication, timeframe of efficacy, efficacy of functional status that the medication provides, and pain rating pre and post medication. There is a lack of documentation that indicates objective functional deficits. The injured worker's medical records indicate the injured worker has been prescribed Cyclobenzaprine since at least 04/27/2014, which exceeds the guidelines' recommendation of 2 to 3 weeks. Additionally, the request does not indicate the frequency of the medication. As such, the request for Cyclobenzaprine 7.5 mg #60 is not medically necessary.