

Case Number:	CM14-0156822		
Date Assigned:	09/26/2014	Date of Injury:	02/15/2013
Decision Date:	10/27/2014	UR Denial Date:	09/16/2014
Priority:	Standard	Application Received:	09/22/2014

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, has a subspecialty in Interventional Spine 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:

The patient is a 34-year-old female with a date of injury of 02/15/2013. The listed diagnoses per [REDACTED] are lumbar sprain and lumbar radiculitis. Treatment reports from 04/01/2014 through 08/15/2014 were reviewed. According to progress report 08/15/2014, the patient presents with continued low back pain. Examination revealed the patient limps and heel-toe ambulation is painful. Range of motion elicits pain. Straight leg raise test is positive at 25 degrees on the left and 45 degrees on the right. The provider is requesting refill of cyclobenzaprine 7.5 mg #30 for "muscle relaxation." Utilization review denied the request on 09/16/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

CYCLOBENZAPRINE 7.5 MG #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63,64.

Decision rationale: This patient presents with continued low back pain. The provider is requesting a refill of Cyclobenzaprine 7.5 mg #30. The MTUS page 64 states that

Cyclobenzaprine is recommended for short course of therapy. Limited mixed evidence does not allow for recommendation for chronic use. In this case, the medical records indicate the patient has been taking Cyclobenzaprine since 04/30/2014. Long-term use of this medication is not supported. Therefore the request is not medically necessary.