

Case Number:	CM14-0183192		
Date Assigned:	11/07/2014	Date of Injury:	01/18/2008
Decision Date:	12/30/2014	UR Denial Date:	10/13/2014
Priority:	Standard	Application Received:	11/03/2014

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 Occupational Medicine, 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 66-year-old male who has submitted a claim for sprain and strain of unspecified site of knee and leg, carpal tunnel syndrome, shoulder derangement, cervical intervertebral disc displacement without myelopathy, and lumbar intervertebral disc displacement without myelopathy associated with an industrial injury date of 1/18/2008. Medical records from 2014 were reviewed. The patient complained of back pain radiating to the lower extremities. Physical examination of the cervical and lumbar spine showed tenderness. The gait was normal. Treatment to date has included right wrist surgery, right middle finger surgery, Gabapentin, and Cyclobenzaprine. The utilization review from 10/13/2014 denied the request for Cyclobenzaprine because of no indication that this was utilized chronically and the request did not specify dosage, frequency, and quantity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Cyclobenzaprine Page(s): 41-42.

Decision rationale: According to page 41-42 of the CA MTUS Chronic Pain Medical Treatment Guidelines, sedating muscle relaxants are recommended with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. In this case, there is no prior intake of Cyclobenzaprine. There is likewise no documented rationale concerning need for a muscle relaxant when then most recent physical examination failed to show evidence of spasm. The request also failed to specify dosage, frequency, and quantity to be dispensed. Therefore, the request for Cyclobenzaprine is not medically necessary.