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| Case Number: | CM14-0184787 | | |
| Date Assigned: | 11/12/2014 | Date of Injury: | 04/17/2006 |
| Decision Date: | 12/19/2014 | UR Denial Date: | 10/22/2014 |
| Priority: | Standard | Application Received: | 11/06/2014 |

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 Pain 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 injured worker is a 56-year-old female who reported an injury after she tripped and fell, hitting her neck on a sink, and landing on her back with change in level of consciousness on 04/17/2006. On 09/23/2014, her diagnoses included ankle sprain, cervical sprain/strain, lumbar sprain/strain, and lumbosacral or thoracic neuritis. Her complaints included lower back pain radiating to the right lower extremity, and pain and bruising in both calves. She had decreased range of motion in her lumbar spine. It was noted that she was taking Flexeril of an unspecified dose, which was effective for cramps and pain. A Request for Authorization dated 09/23/2014 was included in this injured worker's chart.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 7.5mg, Qty: 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-64.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-66.

Decision rationale: The request for Cyclobenzaprine 7.5mg, Qty: 60 is not medically necessary. The California MTUS Guidelines recommends that muscle relaxants be used with caution as a

second line option for short term treatment of exacerbations in patients with chronic low back pain. In most low back pain cases, they show no benefit beyond NSAIDs. Efficacy appears to diminish over time. Cyclobenzaprine is recommended for a short course of therapy. Limited mixed evidence does not allow for a recommendation for chronic use. It is a skeletal muscle relaxant and a central nervous system depressant. It is not recommended to be used for longer than 2 to 3 weeks. Based on the submitted documents, this injured worker has been using Cyclobenzaprine for greater than 2 months, which exceeds the recommendations in the guidelines. Additionally, there was no frequency of administration included in the request. Therefore, this request for Cyclobenzaprine 7.5mg, Qty: 60 is not medically necessary.