MAXIMUS Federal Services

Case Number:	CM14-0022348		
Date Assigned:	02/26/2014	Date of Injury:	09/01/2011
Decision Date:	06/12/2014	UR Denial Date:	01/29/2014
Priority:	Standard	Application Received:	02/21/2014

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 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:

This patient is a 36-year-old female with date of injury of 09/01/2011. Per the treating physician's report of 01/16/2014, the patient presents with a work-related injury, low back pain down the leg, with pain mostly on the right side, and physical examination showing tenderness at right L3-L4 area and spasm. Recommendations were exercise and ice/heat, and medications. A report from 07/06/2013 indicates that the patient underwent a functional capacity evaluation in 2012 and did well. Physical examination was objective and normal. Subjective complaints were off and on, non-disabling lower back pain, physically able to return to full-duty work as a police officer. Assessment was resolved lumbar spine pain, probably related to degenerative disk and joint disease. The patient was able to continue full-duty work as a police officer, and for treatment-wise, access to care and for occasional medication, continue with lumbar exercises.

IMR ISSUES, DECISIONS AND RATIONALES

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

CYCLOBENZAPRINE TAB 10MG #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines section on Cyclobenzaprine Page(s): 64.

Decision rationale: The MTUS Chronic Pain Guidelines do not support long-term use of Cyclobenzaprine. If it is to be used, 2 to 3 days are recommended with no more than 2 to 3 weeks for acute flareups and spasms. In this case, the treating physician does not indicate how it is to be used. The treating physician must indicate that this medication is to be used for short term for it to be authorized per the MTUS Chronic Pain Guidelines. The medical records provided for review do not show evidence that this patient is flared up, and the patient's symptoms, functional limitations, and pain are not well described on the 01/16/2014 report. The previous report from 07/06/2013 has the patient's low back pain resolved, having returned to work. The request is not medically necessary and appropriate.