

Case Number:	CM14-0029526		
Date Assigned:	06/16/2014	Date of Injury:	05/20/2004
Decision Date:	07/21/2014	UR Denial Date:	02/28/2014
Priority:	Standard	Application Received:	03/07/2014

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 applicant is a represented 52-year-old who has filed a claim for chronic low back pain associated with an industrial injury of May 20, 2004. Thus far, the applicant has been treated with analgesic medications, long and short-acting opioids, and muscle relaxants. A February 4, 2014 progress note is notable for comments that the applicant reported persistent low back pain, chronic, with associated radiation to the right leg. The applicant was described as disabled. The applicant was having ongoing issues with muscle spasms and depression. Norco, Effexor, Flexeril, and Duragesic were refilled. Elavil was also prescribed.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 MONTH SUPPLY OF CYCLOBENZAPRINE 10MG: Upheld

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

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

Decision rationale: As noted on page 41 of the MTUS Chronic Pain Medical Treatment Guidelines, the addition of Cyclobenzaprine or Flexeril to other agents is not recommended. In this case, the applicant is using a variety of other analgesic and psychotropic medications,

including opioids Duragesic and Norco. Adding Cyclobenzaprine to the mix is not recommended. Therefore, the request is not medically necessary.