

Case Number:	CM14-0034710		
Date Assigned:	06/20/2014	Date of Injury:	10/09/2012
Decision Date:	08/20/2014	UR Denial Date:	03/03/2014
Priority:	Standard	Application Received:	03/20/2014

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 Anesthesiology and Pain Medicine and is licensed to practice in Florida. 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 42-year-old male who reported injury on 10/09/2012. The mechanism of injury was repetitive lifting. Prior treatments included ice, heat, Non-steroidal anti-inflammatory drug (NSAIDs) and physical therapy. The documentation indicated the injured worker had been utilizing muscle relaxants and Proton-pump inhibitors (PPIs) as of 04/2013. The documentation of 04/03/2014 revealed the injured worker was being prescribed Cyclobenzaprine for muscle spasms during examination and was being prescribed Omeprazole for gastrointestinal symptoms. The diagnosis was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine Hydrochloride 7.5mg # 120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants, page 63 Page(s): 63.

Decision rationale: The California Medical Treatment Utilization Schedule (MTUS) Guidelines recommend muscle relaxants as a second line option for the short term treatment of acute low back pain. Their use is recommended for less than 3 weeks. There should be documentation of

objective functional improvement. The duration of use was greater than 6 months. The clinical documentation submitted for review failed to provide documentation of objective functional benefit. There was a lack of documentation of exceptional factors to warrant non adherence to guideline recommendations. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for Cyclobenzaprine Hydrochloride 7.5 mg #120 is not medically necessary.