

Case Number:	CM14-0037971		
Date Assigned:	06/25/2014	Date of Injury:	08/01/2009
Decision Date:	08/08/2014	UR Denial Date:	03/24/2014
Priority:	Standard	Application Received:	04/01/2014

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, has a subspecialty in Pain Management 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:

According to the records made available for review, this is a 52-year-old female with an 8/1/09 date of injury. At the time (3/11/14) of the request for authorization for Cyclobenzaprine 10mg qty: 60.00, there is documentation of subjective (continued neck and low back pain, sometimes she has right upper extremity pain from neck) and objective (decreased range of motion in cervical and lumbar, positive tenderness to palpation in cervical and lumbar paraspinal musculature) findings, current diagnoses (cervical degenerative disc disease, cervical radiculitis, cervicgia/neck pain, and lumbar sprain/strain), and treatment to date (medication including Naproxen, Omeprazole, and Lidopro). In addition, there is documentation that a trial of Cyclobenzaprine is recommended. There is no documentation of acute muscle spasm or acute exacerbation of chronic low back pain and the intention to treat over a short course (less than two weeks).

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 10mg qty:60.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 41, 64-66.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril) Page(s): 41, 42. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Muscle relaxants (for pain).

Decision rationale: California Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines identifies that Cyclobenzaprine is recommended for a short course of therapy. Official Disability Guidelines (ODG) identifies that muscle relaxants are recommended as a second line option for short-term (less than two weeks) treatment of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain. Within the medical information available for review, there is documentation of diagnoses of cervical degenerative disc disease, cervical radiculitis, cervicgia/neck pain, and lumbar sprain/strain. In addition, there is documentation that a trial of Cyclobenzaprine was recommended. However, there is no documentation of acute muscle spasm or acute exacerbation of chronic low back pain. In addition, there is no documentation of the intention to treat over a short course (less than two weeks). Therefore, based on guidelines and a review of the evidence, the request for Cyclobenzaprine 10mg qty: 60.00 is not medically necessary.