

Case Number:	CM14-0045304		
Date Assigned:	06/27/2014	Date of Injury:	09/18/2000
Decision Date:	08/15/2014	UR Denial Date:	03/19/2014
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 Medicine and is licensed to practice in California and Nevada. 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 69 year old male who sustained multiple injuries as a result of a motor vehicle accident on 09/18/00. The injured worker was status post motor vehicle accident with chronic neck, back, and left knee pain. Record indicated subjective complaints of back pain radiating into the lower extremities. The injured worker was treated with oral medications physical therapy and lumbar epidural steroid injections. He was being considered for surgical intervention. Per a physical examination dated 06/19/14 the injured worker was tender over the low back in the mid spine and sacroiliac region bilaterally. Straight leg raise was positive at 90 degrees on the left. Sensation to monofilament was decreased in left leg compared to right. Strength in legs was diminished on left when compared to right. He is unable to stand on heels or toes. The record contained a utilization review determination dated 03/12/14 in which request for cyclobenzaprine HCl 10mg #30 with five refills was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine HCL 10mg #30 with 5 refills: Upheld

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

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

Decision rationale: The request for cyclobenzaprine HCl 10mg #30 with five refills is not supported as medically necessary. The submitted clinical records indicate that the injured worker has a chronic pain syndrome secondary to injuries sustained in a motor vehicle accident on 09/18/00. The most recent physical examination provides no data to establish the presence of myospasm for which this medication would be indicated. Additionally it is noted that California Medical Treatment Utilization Schedule (CA MTUS) does not support the prolonged use of muscle relaxants in the treatment of chronic pain. Noting the absence of findings on physical examination lack of supports or CA MTUS the request is not recommended as medically necessary.