

Case Number:	CM14-0045617		
Date Assigned:	06/27/2014	Date of Injury:	01/16/2014
Decision Date:	07/31/2014	UR Denial Date:	03/12/2014
Priority:	Standard	Application Received:	04/02/2014

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 26-year-old female with a 1/16/14 date of injury. At the of request for authorization for Cyclobenzaprine 7.5 mg #30, there is documentation of subjective findings including: low back pain, right knee pain and right ankle pain; and objective findings including: antalgic gait, lumbar range of motion restricted with flexion limited to 50 degrees limited by pain but normal extension, tenderness to palpation of paravertebral muscles bilaterally, straight leg raising test negative bilaterally, right knee range of motion limited by pain, painful ankle range of motion, and 4/5 motor strength of right knee flexor, knee extensor and tibialis anterior. Her current diagnoses include: arthropathy not otherwise specified of ankle and foot, thoracic or lumbosacral neuritis or radiculitis not otherwise specified, and pain in joint of lower leg. Her treatments have included medications. There is no documentation of acute muscle spasm and the intention to treat over a short course.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 7.5 mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: Chronic Pain Medical Treatment Guidelines identifies that Cyclobenzaprine is recommended for a short course of therapy. 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 arthropathy not otherwise specified of ankle and foot, thoracic or lumbosacral neuritis or radiculitis not otherwise specified, and pain in joint of lower leg. However, there is no documentation of acute muscle spasm. In addition, given documentation of records reflecting prescriptions for Cyclobenzaprine since at least 2/13/14, there is no documentation of the intention to treat over a short course (less than two weeks). Therefore, based on guidelines this request is not medically necessary.