

Case Number:	CM14-0059592		
Date Assigned:	07/09/2014	Date of Injury:	06/28/2001
Decision Date:	08/12/2014	UR Denial Date:	04/15/2014
Priority:	Standard	Application Received:	04/30/2014

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 [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of June 28, 2001. Thus far, the applicant has been treated with the following: Analgesic medications; muscle relaxants; transfer of care to and from various providers in various specialties, and reported return to regular duty work. In a utilization review report dated April 15, 2014, the claims administrator approved a request for tramadol while denying a request for cyclobenzaprine. Both the MTUS Chronic Pain Medical Treatment Guidelines and ACOEM chapter 3 were cited. The applicant subsequently appealed. A March 11, 2014 progress note was notable for the comments that the applicant reported persistent complaints of low back pain, 4/10. It was stated that the applicant had retired in one section of the report while somewhat incongruously, stated that the applicant was "currently employed" in a full-time position in another section of the report, the applicant is using Flexeril, Naprosyn, tramadol, and Levoxyl it was noted. The applicant was described as obese, with a BMI of 32. 30 tablets of Ultracet and 20 tablets of cyclobenzaprine were dispensed.

IMR ISSUES, DECISIONS AND RATIONALES

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

CYCLOBENZAPRINE: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 47.

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

Decision rationale: As noted in page 41 of the MTUS Chronic Pain Medical Treatment Guidelines, cyclobenzaprine is recommended as an option, using a short course of therapy. In this case, the attending provider has posited cyclobenzaprine is only being used sparingly, on a p.r.n. basis, and that the applicant is only using cyclobenzaprine infrequently. This is compatible with the 20-tablet supply of the same furnished by the attending provider. The attending provider has further noted that ongoing usage of cyclobenzaprine and other medications has facilitated the applicant's ability to perform and maintain home exercises. Continuing the same on a p.r.n. basis proposed by attending provider is therefore indicated. Accordingly, the request is medically necessary.