

Case Number:	CM14-0063135		
Date Assigned:	07/09/2014	Date of Injury:	10/21/2012
Decision Date:	08/11/2014	UR Denial Date:	03/29/2014
Priority:	Standard	Application Received:	05/01/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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 patient is a 28 year old male with an injury date of 10/21/12. Based on the 10/22/13 progress report provided by [REDACTED], the patient complains of constant right ankle/foot pain, 6-9/10. With medications, his pain is at a 2/10 and without medications is a 6/10. He limps favoring the right ankle and there is tenderness and swelling over the right lateral ankle. The patient is temporarily partially disabled and his diagnoses include the following: 1. Status post right ankle surgery. [REDACTED] is requesting for Cyclobenzaprine Hydrochloride 7.5 mg #60. The utilization review determination being challenged is dated 03/21/14. The rationale is that Cyclobenzaprine is not recommended for chronic lower back pain. However, the reports provided only mention right ankle/foot pain and nothing about lower back pain. Muscle [REDACTED] is the requesting provider and provided treatment reports from 10/17/13- 05/14/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine Hydrochloride 7.5mg #60: Overturned

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

MAXIMUS guideline: Decision based on the MTUS Chronic Pain Medical Treatment Guidelines, Muscle relaxants (for pain), pages 63-64.

Decision rationale: According to the 10/22/13 report by [REDACTED], the patient complains of constant right ankle/foot pain. The request is for Cyclobenzaprine Hydrochloride 7.5 mg #60 for treatment of muscle spasms and cramping. MTUS guidelines recommend using Cyclobenzaprine for no more than 2-3 weeks, and in most cases 3-4 days only for short-term. The treating physician has requested for Cyclobenzaprine Hydrochloride 7.5 mg since 10/22/13 report and is prescribed on a long-term basis. Therefore, the request for Cyclobenzaprine Hydrochloride 7.5mg #60 is medically necessary.