

Case Number:	CM14-0070040		
Date Assigned:	07/14/2014	Date of Injury:	11/24/2001
Decision Date:	09/16/2014	UR Denial Date:	05/09/2014
Priority:	Standard	Application Received:	05/15/2014

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 and is licensed to practice in 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 records, presented for review, indicate that this 64-year-old individual was reportedly injured on November 24, 2001. The mechanism of injury was not listed in these records reviewed. The most recent progress note, dated May 5, 2014, indicated that there were ongoing complaints of low back pain. The physical examination demonstrated this individual to be no acute distress and has a positive Faber test. Sensation was intact and there was a decrease in lumbar spine range of motion. There was pain with facet loading. Diagnostic imaging studies are not presented. Previous treatment included lumbar fusion surgery, removal of fusion hardware, multiple pain management interventions, opioid medications, facet joint blocks and multiple medications. A request had been made for cyclobenzaprine and was determined not medically necessary in the pre-authorization process on May 9, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 7.5MG #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 41, 64 of 127.

Decision rationale: MTUS Guidelines support the use of skeletal muscle relaxants for the short-term treatment of pain but advises against long-term use. Given the claimant's date of injury and clinical presentation, the guidelines do not support this request for chronic pain. Furthermore, there does not fit to be any efficacy with this medication, as the findings of physical examination are unchanged. As such, the request is not medically necessary.