

Case Number:	CM14-0074232		
Date Assigned:	09/05/2014	Date of Injury:	08/20/1996
Decision Date:	10/14/2014	UR Denial Date:	05/14/2014
Priority:	Standard	Application Received:	05/22/2014

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 Texas. 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 54 year old male who sustained work related injuries on 08/20/96. No clinical records were submitted for review. The mechanism of injury was not documented. Per prior utilization review dated 05/14/14 the injured worker had complaints of neck and right knee pain. It was reported his pain was improved with medications and rest. There it was noted that the injured worker was also taking Norco and Gabapentin. The record did not contain any objective data which indicated the injured worker had muscle spasm for which this medication would be clinically indicated. Utilization review determination dated 05/14/14 non-certified the request for Cyclobenzaprine 10mg #60 for neck and right knee injury as an outpatient.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 10 mg, #60 for neck and right knee injury as an outpatient: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Goodman and Gilman's The Pharmacological Basis of Therapeutics, Physician's Desk Reference, and Official Disability Guidelines Drug Formulary

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

Decision rationale: The request for Cyclobenzaprine 10mg #60 for neck and right knee injury as an outpatient is not supported as medically necessary. No clinical records were submitted for review. There is no objective clinical data indicating the injured worker suffers from myospasm for which this medication would be clinically indicated. As such the medical necessity for the request is not established.