

Case Number:	CM14-0080355		
Date Assigned:	07/18/2014	Date of Injury:	09/25/2007
Decision Date:	08/18/2014	UR Denial Date:	04/30/2014
Priority:	Standard	Application Received:	06/02/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. 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 46 year old with a work injury dated 9/25/07. The diagnoses include herniated nucleus pulposus, lumbar, degenerative disk disease lumbosacral, stenosis spinal, and sciatica. . Under consideration is a request for retrospective request for Cyclobenzaprine 10mg tab #100 with 1 refill (DOS 03/29/2014). There is a primary treating physician (PR-2) document dated 4/4/13 that state that the patient has continued significant spasm, pain and discomfort in the back, intermittently to the hips and legs. The patient was evaluated at UCSF regarding on-going radicular involvement, denervation in the legs, and pain status post prior decompression. On exam he has a well -healed incision L-spine, palpable and visible asymmetric spasm, left rib hump on forward bending, marked paraspinous spasm and ridging paraspinous muscles more on the left than the right, positive straight leg raising bilaterally at 70 degrees with some weakness anterior quadriceps muscles. The treatment plan includes a prescription of Flexeril 10 mg, 1 p.o. t.i.d., # 1 00 with one refill. A treatment note dated 3/29/14 is not available.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for Cyclobenzaprine 10mg tab #100 with 1 refill (DOS 03/29/2014):
Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM, Chronic Pain Treatment Guidelines Muscle Relaxants (for pain) Page(s): 63-66. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)- Muscle Relaxants.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril) pages 41-42; Antispasmodics page 6 Page(s): 41-42; page 6.

Decision rationale: A request for retrospective request for Cyclobenzaprine 10mg tab #100 with 1 refill (DOS 03/29/2014) is not medically necessary per MTUS guidelines. Per the MTUS Chronic Pain Medical Treatment Guidelines this medication is not recommended to be used for longer than 2-3 weeks. The request dated 3/29/14 does not have an attached primary treating physician progress report. Therefore there is no documentation of spasms for this medication. Furthermore, the request for 100 tablets exceeds the recommendations for a 2-3 week supply. The documentation is not clear on how long the patient has been on this medication but the guidelines only recommend a short course with the greatest effect within the first 4 days. The subsequent documentation indicates that patient continues to have spasms. The retrospective request for Cyclobenzaprine 10mg tab #100 with 1 refill (DOS 03/29/2014) is not medically necessary and appropriate.