

Case Number:	CM14-0170952		
Date Assigned:	10/23/2014	Date of Injury:	07/26/2010
Decision Date:	01/06/2015	UR Denial Date:	09/23/2014
Priority:	Standard	Application Received:	10/16/2014

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 patient is a 61-year-old male with date of injury 07/26/2010. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 09/16/2014, lists subjective complaints as pain in the low back and right knee. Objective findings: Examination of the lumbar spine revealed tenderness to palpation of the paraspinal muscles. Muscle spasm was noted with left sided spasm greater than right. Range of motion was decreased in all planes. Straight leg raising test was positive on the right in the lying position at 60 degrees. Examination of the right knee revealed tenderness to palpation over the medial peripatellar area and decreased range of motion with pain on extension. Diagnosis: 1. Lumbar spine herniated nucleus pulposus 2. Right knee musculoligamentous injury, status post surgery 3. Gastritis. Original reviewer modified medication request to Cyclobenzaprine 7.5mg, #30 with no refills. The medical records supplied for review document that the patient was first prescribed the following medication on 09/16/2014. Medications: Cyclobenzaprine 7.5mg, #90 SIG: TID.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 7.5 mg, ninety counts: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Section Page(s): 67.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 64.

Decision rationale: The MTUS Chronic Pain Treatment Guidelines do not recommend long-term use of muscle relaxants such as cyclobenzaprine. The patient has been taking cyclobenzaprine for at least 3 months, long past the 2-3 weeks recommended by the MTUS. Cyclobenzaprine 7.5 mg, ninety count is not medically necessary.