

Case Number:	CM14-0096072		
Date Assigned:	09/15/2014	Date of Injury:	06/29/2006
Decision Date:	01/22/2015	UR Denial Date:	06/18/2014
Priority:	Standard	Application Received:	06/24/2014

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 Rehab 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:

According to the records made available for review, this is a 58-year-old female with a 6/29/06 date of injury. At the time (6/18/14) of the Decision for Cyclobenzaprine 7.5 1 hs prn #90, there is documentation of subjective (continued neck, midback, and low back pain associated with burning sensation and sensitivity to touch over the upper and lower extremities) and objective (stiffness and limited range of motion of the cervical spine and muscle guarding over the thoracic paraspinal muscles) findings, current diagnoses (cervical spine herniated nucleus pulposus, thoracic spine herniated nucleus pulposus, and lumbar spine herniated nucleus pulposus), and treatment to date (acupuncture and medications (including ongoing treatment with Tramadol)). There is no documentation of short-term (less than two weeks) treatment of acute low back pain or short-term treatment of acute exacerbations of chronic low back pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 7.5 1 hs prn #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 41-42.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril) Page(s): 41-42. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Muscle relaxants (for pain)

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies that Flexeril is recommended for a short course of therapy. ODG identifies that muscle relaxants are recommended as a second line option for short-term (less than two weeks) treatment of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain. Within the medical information available for review, there is documentation of diagnoses of cervical spine herniated nucleus pulposus, thoracic spine herniated nucleus pulposus, and lumbar spine herniated nucleus pulposus. In addition, there is documentation of Cyclobenzaprine used as a second line option. However, given the documentation of a 6/29/06 date of injury, there is no documentation of acute low back pain or exacerbations of chronic low back pain. Furthermore, given the documentation of the requested Cyclobenzaprine 7.5 1 hs prn #90, there is no documentation of short-term (less than two weeks) treatment. Therefore, based on guidelines and a review of the evidence, the request for Cyclobenzaprine 7.5 1 hs prn #90 is not medically necessary.