

Case Number:	CM15-0015886		
Date Assigned:	02/03/2015	Date of Injury:	11/03/2012
Decision Date:	04/06/2015	UR Denial Date:	01/20/2015
Priority:	Standard	Application Received:	01/27/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: Pennsylvania, Ohio, California
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 41 year old male, who sustained an industrial injury on January 3, 2012. He has reported left ankle and low back pain. The diagnoses have included status post left ankle surgery in July 2013. Treatment to date has included radiographic imaging, diagnostic studies, surgical intervention, pain medications, muscle relaxers and conservative therapies. Currently, the IW complains of low back and left ankle pain. The injured worker reported an industrial injury in 2012, resulting in continued pain in the left ankle and low back. He required left ankle surgery in July of 2014 however the pain continued. He was treated with conservative therapies and medications as well as a home exercise program including stretching and range of motion exercises. On December 5, 2014, urine drug screen revealed findings consistent with prescribed medications. He reported gastrointestinal upset with the use of non-steroidal anti-inflammatory drugs without the use of a proton pump inhibitor. Evaluation on December 26, 2014, revealed continued pain. On January 20, 2015, Utilization Review non-certified a request for cyclobenzaprine tabs, noting the MTUS, ACOEM Guidelines, (or ODG) was cited. On January 20, 2015, the injured worker submitted an application for IMR for review of requested cyclobenzaprine tabs.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 7.5mg # 90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxant Page(s): 67-70, 78-97. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 13th Edition (web), 2015, Pain Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-64.

Decision rationale: MTUS recommends muscle relaxants, including Cyclobenzaprine, only for short-term use. The records in this case do not provide a rationale instead for ongoing use of this medication, such as #90 tablets requested at this time which suggests a plan for continued regular use of this medication. This request is not supported by the treatment guidelines; it is not medically necessary.