

Case Number:	CM15-0205415		
Date Assigned:	10/22/2015	Date of Injury:	06/14/2007
Decision Date:	12/08/2015	UR Denial Date:	09/18/2015
Priority:	Standard	Application Received:	10/19/2015

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 71 year old male, who sustained an industrial injury on 6-14-2007. The medical records indicate that the injured worker is undergoing treatment for facet osteoarthropathy L5 and S1, rule out facet mediated low back pain. According to the progress report dated 8-20-2015, the injured worker presented with complaints of low back pain. On a subjective pain scale, he rates his pain 6 out of 10. The physical examination of the lumbar spine reveals tenderness, decreased range of motion, positive facet compression test, and point tenderness over the lower lumbar facets. The medications prescribed are Hydrocodone, Duloxetine, Naproxen, Pantoprazole, and Cyclobenzaprine (since at least 1-8-2015). Previous diagnostic studies include MRI of the lumbar spine. Treatments to date include medication management, chiropractic, acupuncture, and median branch blocks. Work status is described as permanent and stationary. The original utilization review (9-18-2015) had non-certified a retrospective request for Cyclobenzaprine 7.5mg #90 (DOS: 8-20-2015).

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro: Cyclobenzaprine 7.5mg #90, dispensed 08/20/15: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

Decision rationale: MTUS recommends the use of non-sedating muscle relaxants for short-term use only. This guideline recommends Cyclobenzaprine/Flexeril only for a short course of therapy. The records in this case do not provide an alternate rationale to support longer or ongoing use. This request is not medically necessary.