

Case Number:	CM15-0032200		
Date Assigned:	02/25/2015	Date of Injury:	07/01/2014
Decision Date:	04/21/2015	UR Denial Date:	01/23/2015
Priority:	Standard	Application Received:	02/20/2015

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: California

Certification(s)/Specialty: Family Practice

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 49-year-old female who sustained an industrial injury on 07/01/2014. Diagnoses include right knee sprain, right ankle pain, low back pain, lumbar facet pain, bilateral sacrolitis, and clinically consistent lumbar radiculopathy. Treatment to date has included medications, splinting, and injections. A physician progress note dated 12/03/2014 documents the injured worker complains of right ankle pain with a severity of 10 out of 10, and 7-8 out of 10 low back pain problems. She has difficulty with standing a walking due to pain. She has an antalgic gait, and tenderness is noted in the right Achilles tendon. There are spasms and tenderness noted in the lumbar paraspinal muscles. She has limited mobility noted in the lumbar spine. With this visit she received a Toradol injection. Treatment requested is for Cyclobenzaprine 10mg #60. 01/23/2015 Utilization Review non-certified the request for Cyclobenzaprine 10mg #60 was denied but a one month supply is approved for weaning, and cited was California Medical Treatment Utilization Schedule-Chronic Pain Treatment Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 10mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants for pain Page(s): 63-64.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines cyclobenzaprine Page(s): 41.

Decision rationale: According to guidelines, Flexeril is recommended as an option, using a short course of therapy. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. According to the medical records, the patient has been using muscle relaxants for a prolonged period of time and is not recommended and thus not medically necessary.