

Case Number:	CM15-0032837		
Date Assigned:	02/26/2015	Date of Injury:	06/26/2012
Decision Date:	04/08/2015	UR Denial Date:	02/13/2015
Priority:	Standard	Application Received:	02/23/2015

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, Washington

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 38-year-old female who reported an injury on 06/26/2012 due to an unspecified mechanism of injury. A progress note dated 02/03/2015 shows that the injured worker reported extreme left hip pain. It was noted that the pain did not appear to radiate down into her leg. She had a nerve block performed by a pain specialist the day prior to the visit, which she stated was ineffective. A physical examination was not performed. Her medications included Valium 10 mg IV q. 6 hours, lidocaine 5% topical patch, naproxen 500 mg by mouth 2 times a day, oxycodone 5 mg by mouth q. 6 hours as needed, Oxycontin 10 mg by mouth every 12 hours, dexamethasone 3 mg by mouth 2 times a day, morphine 2 mg to 6 mg IV q. 6 hours, pantoprazole 40 mg by mouth daily, heparin 5000 subcutaneous every 12 hours, and Neurontin 600 mg by mouth 4 times a day. An unofficial MRI of the pelvis reportedly showed a chronic left hip congenital deformity and degeneration but otherwise normal. She was diagnosed with regional sympathetic dystrophy (complex regional pain syndrome). The treatment plan was for cyclobenzaprine 7.5 mg #90. The rationale for treatment was not stated.

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 Relaxants.

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

Decision rationale: The California MTUS Guidelines indicate that non sedating muscle relaxants are recommended in the short term symptomatic relief of low back pain. The documentation provided does not indicate that the injured worker was experiencing low back pain or that she was having muscle spasms to support the requested medication. Also, her response to the medication in terms of quantitative decrease in pain and an objective improvement in function was not clearly documented. Furthermore, the frequency of the medication was not stated within the request. Therefore, the request is not supported. As such, the request is not medically necessary.