

Case Number:	CM13-0048697		
Date Assigned:	12/27/2013	Date of Injury:	04/02/2012
Decision Date:	09/23/2014	UR Denial Date:	10/28/2013
Priority:	Standard	Application Received:	11/06/2013

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Florida and Texas. 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:

The patient is a 27 year old male who was injured on 4/2/2012. The diagnoses are low back pain, thoracic spine pain and bilateral sacroiliac joint pain. The patient was still doing Physical and Chiropractic treatments. On 10/3/2014, the patient was evaluated by [REDACTED] / [REDACTED]. The subjective complaint was low back pain radiating to the lower extremities. The pain score was 7/10 on a scale of 0 to 10. The patient was 6 weeks post L5-S1 procedure. He reported reduction in pain and numbness sensations. A Utilization Review determination was rendered on 10/28/2013 recommending denial for Cyclobenzaprine 7.5mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

#60, CYCLOBENZAPRINE 7.5MG TABLET: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 63-66.

Decision rationale: The CA MTUS recommend that the use of muscle relaxants be limited to periods of less than 4 weeks during periods of exacerbation of chronic musculoskeletal pain. Chronic use of sedating muscle relaxants increases risk of dependency, sedation, addiction and

adverse interaction with other sedatives. The records show that the patient has been utilizing cyclobenzaprine longer than the recommended maximum period of less than 4 weeks. There is no documentation of objective findings of ongoing muscle spasm. The criteria for the use of Cyclobenzaprine 7.5mg is not medically necessary and appropriate.