

Case Number:	CM14-0131077		
Date Assigned:	08/20/2014	Date of Injury:	04/20/2005
Decision Date:	10/16/2014	UR Denial Date:	08/07/2014
Priority:	Standard	Application Received:	08/15/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in Alabama. 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 38 year old male who was injured on 04/20/2005 while moving boxes from dock onto a cart when he felt his low back pain shooting pain into his left upper leg. Progress report dated 07/09/2014 states the patient presented with complaints of low back pain radiating into the left lower extremity. On exam, there is tenderness to palpation of the lumbar paravertebral muscle. He is diagnosed with lumbar discogenic syndrome, lumbar sprain/strain, and lumbosacral or thoracic neuritis. He is recommended to continue with exercises, Lidopro ointment, TENS, and cyclobenzaprine. There are no other medical reports available for review. Prior utilization review dated 08/07/2014 states the request for Cyclobenzaprine 7.5mg QTY: 30 is denied as muscle relaxers are used for short-term therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 7.5mg QTY: 30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril) Page(s): 41-42.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines , Muscle Relaxants, Page(s): page (s) 63-66.

Decision rationale: The above MTUS guidelines for muscle relaxants state "Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP." In this case, a note from 7/9/14 does not appear to provide any documentation of any first line treatment trials including anti-inflammatory medications. Request for Authorization on 7/9/14 mentions an ointment and patch, but these are not first line treatments for low back pain. Therefore, based on the above guidelines and criteria as well as the clinical documentation stated above, the request is not medically necessary.