

Case Number:	CM14-0142102		
Date Assigned:	09/10/2014	Date of Injury:	05/29/2010
Decision Date:	10/14/2014	UR Denial Date:	08/02/2014
Priority:	Standard	Application Received:	09/02/2014

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 Internal Medicine and is licensed to practice in California. 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 injured worker is a 39-year-old male who reported an injury on 05/29/2010. The mechanism of injury was not provided. On 01/28/2014, the injured worker presented with low back and neck pain. Current medications included Naprosyn, Prilosec, Tramadol, and Norco. Upon examination, there was restricted lumbar range of motion with tenderness to palpation of the lumbosacral junction. There was intact sensation. There was spasming and guarding noted in the lower back. There was restricted and guarded cervical range of motion and tenderness to palpation over the paracervical musculature. There was intact sensation in the upper extremities. The diagnoses were status post L4-5 decompression, neck pain, and cervical spondylosis. Prior therapy included rest, medications, and physical therapy. The provider recommended Cyclobenzaprine 7.5 mg tablets with a quantity of 90; the provider's rationale was not provided. The Request for Authorization form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 7.5 mg tab #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine Page(s): 64.

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

Decision rationale: The request for Cyclobenzaprine 7.5 mg with a quantity of 90 is not medically necessary. The California MTUS Guidelines recommend Cyclobenzaprine as an option for short course of therapy. The greatest effect of the medication is in the first 4 days of treatment, suggesting that shorter courses may be better. The request for Cyclobenzaprine 7.5 mg with a quantity of 90 exceeds the guideline recommendations for short term therapy. The efficacy of the medication was not provided. The provider's rationale for the use of the medication was not provided. The provider does not indicate the frequency of the medication in the request as submitted. As such, the medical necessity has not been established.