

Case Number:	CM14-0143675		
Date Assigned:	09/12/2014	Date of Injury:	01/08/2014
Decision Date:	10/16/2014	UR Denial Date:	08/25/2014
Priority:	Standard	Application Received:	09/04/2014

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 66 year old male who was injured on 01/08/2014 while he was operating a forklift. He fell and struck his head. Progress report dated 09/23/2014 states the patient presented with complaints of clicking of his neck when he moves, soreness and tenderness. He also complained of lumbar spine burning radiating to left leg. ON exam, he has decreased range of motion of the cervical spine in all ranges. The lumbar spine revealed pain with range of motion. There is tenderness to palpation of the lumbar and cervical paraspinal muscles. The patient was diagnosed with cervical spine strain/sprain and lumbar spine strain/sprain. Prior utilization review dated 08/25/2014 states the request for Cyclobenzaprine 7.5 Cyclobenzaprine 7.5 Mg #60 is not certified as there is no documentation of failed first line treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 7.5 Cyclobenzaprine 7.5 mg #60: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants, Cyclobenzaprine. Decision based on Non-MTUS Citation <http://www.drugs.com/cyclobenzaprine.html>

Decision rationale: The above MTUS guidelines regarding cyclobenzaprine state "Recommended for a short course of therapy. Limited, mixed-evidence does not allow for a recommendation for chronic use... Dosing: 5 mg three times a day. Can be increased to 10 mg three times a day. This medication is not recommended to be used for longer than 2-3 weeks." 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, there is documentation of prior first line treatment dated 6/12/14 with a plan for "NSAID PRN." After further review of the 612 pages included in the medical records, there is no apparent documentation that the patient has already tried a short course of cyclobenzaprine. Being that the order request is for cyclobenzaprine 7.5mg #60, and the recommended dosing is "3 times a day," an order of #60 would last approximately 20 days, which is within the guidelines recommendation of 2-3 weeks use. Therefore, based on the above guidelines and criteria as well as the clinical documentation stated above, the request is medically necessary.