

Case Number:	CM14-0215340		
Date Assigned:	01/02/2015	Date of Injury:	08/16/2013
Decision Date:	02/24/2015	UR Denial Date:	12/09/2014
Priority:	Standard	Application Received:	12/23/2014

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. 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

Certification(s)/Specialty: Physical Medicine & Rehabn

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 female with an injury date on 08/16/2013. Based on the 11/10/2014 illegible hand written progress report provided by the treating physician, the diagnoses are: 1. Left hip sprain/strain 2. Right groin pain 3. Bilateral SI joint subluxation 4. Meds for pain 5. HEP and TENS Tx. According to this report, the patient complains of 'left hip groin pain.' Physical exam reveals tenderness at the lateral-posterior hip, left SI joint and left groin area. Range of motion is decrease. Patient's past medical history includes right shoulder injury, gastritis, and fibromylgia. The patient's work status is "modified duties from 11/10/2014 to 12/10/2014" with restriction of no lifting greater than 20 lbs, no repetitive squatting, no heavy or repetitive pushing or pulling over 30 lbs, no prolong standing or walking over 2 hours, and may work up to 8 hours per day, 40 hours per week. There were no other significant findings noted on this report. The utilization review denied the request for Cyclobenzaprine 7.5mg #60 on 12/09/2014 based on the MTUS guidelines. The requesting physician provided treatment reports from 11/01/2013 to 11/10/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 7.5mg quantity 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): (s) 63-64.

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

Decision rationale: According to the 11/10/2014 report, this patient presents with left hip groin pain. The current request is for Cyclobenzaprine 7.5mg #60. For muscle relaxants for pain, the MTUS Guidelines page 63 state recommended non-sedating muscle relaxants with caution as a second line option for short term treatment of acute exacerbation in patients with chronic LBP. Muscle relaxants may be effective in reducing pain and muscle tension and increasing mobility; however, in most LBP cases, they showed no benefit beyond NSAIDs and pain and overall improvement. A short course of muscle relaxant may be warranted for patient's reduction of pain and muscle spasms. Review of the available records indicate that this medication is been prescribed longer then the recommended 2-3 weeks. The treating physician is requesting Cyclobenzaprine #60 and it is unknown exactly when the patient initially started taking this medication. Cyclobenzaprine is not recommended for long term use. The treater does not mention that this is for a short-term use to address a flare-up or an exacerbation. Therefore, the current request is not medically necessary.