

Case Number:	CM15-0011719		
Date Assigned:	01/29/2015	Date of Injury:	03/20/2014
Decision Date:	03/25/2015	UR Denial Date:	01/02/2015
Priority:	Standard	Application Received:	01/21/2015

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 & Rehabilitation

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 47 year old male sustained an industrial injury on 3/20/14. He subsequently reports chronic low back pain. Diagnoses include lumbago and displacement lumbar intervert disc w/o myelopathy. Prior treatments include physical therapy and pain medications. The UR decision dated 1/2/15 non-certified Cyclobenzaprine 7.5MG #90, Dispensed 11.14.14. The Cyclobenzaprine 7.5MG #90, Dispensed 11/14/14 was denied based on California MTUS Chronic Pain Medical Treatment Guidelines, Muscle Relaxants.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 7.5mg quantity 90: Upheld

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

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

Decision rationale: This patient presents with low back pain with diagnoses of lumbago. The current request is for CYCLOBENZAPRINE 7.5MG QUANTITY 90. The MTUS Guidelines

page 63-66 states, "muscle relaxants, for pain: Recommended non-sedating muscle relaxants with caution as second-line option for short-term treatment of acute exacerbation in patients with chronic LBP. The most commonly prescribed antispasmodic agents are carisoprodol, cyclobenzaprine, metaxalone, and methocarbamol, despite the popularity, skeletal muscle relaxants should not be the primary drug class of choice for musculoskeletal conditions." The patient presents with muscle spasms on examination and the treating physician notes that cyclobenzaprine decreases the patient pain and muscle spasms. In this case, the treating physician has prescribed this medications since 7/16/14 and MTUS only recommends short-term use of muscle relaxants such as cyclobenzaprine. Therefore, the requested cyclobenzaprine 7.5 mg #90 IS NOT medically necessary.