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| Case Number: | CM15-0019113 | | |
| Date Assigned: | 02/09/2015 | Date of Injury: | 09/08/2009 |
| Decision Date: | 03/30/2015 | UR Denial Date: | 01/26/2015 |
| Priority: | Standard | Application Received: | 02/03/2015 |

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: Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management

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 67 year old male sustained an industrial injury on 9/8/09. He subsequently reports neck, back, left knee and right shoulder pain. Diagnoses include cervical spine sprain and strain, frozen right shoulder, lumbar spine sprain with radiculopathy, myofascitis and tendinitis of the left knee. There were associated diagnoses of insomnia, depression and anxiety disorder. The injured worker has undergone right shoulder rotator cuff repair surgery. The radiological reports showed degenerative changes of the lumbar spine and knee. The medications listed are Norco, cyclobenzaprine and Fluoxetine. On 1/26/15, Utilization Review denied the request for Retro Cyclobenzaprine 10mg #30 dispensed 3/17/2014. The Retro Cyclobenzaprine 10mg #30 dispensed 3/17/2014 was denied based on MTUS Chronic Pain Treatment guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro Cyclobenzaprine 10mg #30 dispensed 3/17/2014: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 22.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 63-66.

Decision rationale: The CA MTUS recommend that muscle relaxants be utilized for the short term treatment of exacerbation of musculoskeletal pain that did not respond to standard treatment with NSAIDs and PT. The chronic use of muscle relaxants can lead to the development of tolerance, dependency, addiction, sedation and adverse interaction with sedative medications. The records indicate that the patient is utilizing opioids and psychiatric medications concurrently. The patient had utilized muscle relaxants longer than the maximum period of 4 to 6 weeks recommended by the guidelines. There is no documentation of guidelines recommended medications compliance monitoring including UDS and functional restoration. The criteria for the use of retrospective prescription of cyclobenzaprine 10mg #30 dispensed on 3/17/2014 was not met.