

Case Number:	CM14-0148951		
Date Assigned:	09/18/2014	Date of Injury:	04/17/2012
Decision Date:	10/21/2014	UR Denial Date:	09/04/2014
Priority:	Standard	Application Received:	09/12/2014

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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 38-year-old male who reported an injury on 04/17/2012. The mechanism of injury was not provided. The injured worker had diagnoses of lumbar disco genic syndrome, lumbosacral neuritis, lumbar sprain/strain, and myofascial pain. Past medical treatment was not provided. Diagnostic studies were not provided. Surgical history was not provided. On 08/15/2014, the injured worker complained of lower back pain rated 5/10 on the pain scale. The injured worker described pain radiating to the right foot. The physical examination revealed tenderness to the paraspinal muscles. The injured worker's medication regimen was not provided. The treatment plan was for cyclobenzaprine 7.5 mg #65. The rationale for the request was not submitted. The Request for Authorization form was not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 7.5mg #65: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antispasmodics Page(s): 64.

Decision rationale: The request for Cyclobenzaprine 7.5mg #65 is not medically necessary. The injured worker was diagnosed with chronic pain to the lumbar spine. The California MTUS Guidelines state that Cyclobenzaprine (Flexeril) is recommended for a short course of therapy. This medication is not recommended to be used for longer than 2-3 weeks. There is a lack of documentation indicating the injured worker has significant objective functional improvement with the medication. The guidelines state Cyclobenzaprine (Flexeril) is not recommend for chronic pain or to be used for longer than 2-3 weeks. There is lack of documentation stating the length of time the injured worker has been prescribed the requested medication. Additionally, the request does not indicate the frequency at which the medication is prescribed in order to determine the necessity of the medication. Therefore the request for Cyclobenzaprine 7.5mg #65 is not medically necessary.