

Case Number:	CM13-0025145		
Date Assigned:	11/20/2013	Date of Injury:	11/05/2007
Decision Date:	02/19/2014	UR Denial Date:	08/29/2013
Priority:	Standard	Application Received:	09/16/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Family Practice and is licensed to practice in Texas. 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 physician 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 54-year-old female who reported a work-related injury on 11/05/2007, mechanism of injury not specifically stated. The patient currently presents for treatment of the following diagnoses: bilateral arm radiculopathy, carpal tunnel syndrome on the left, and cervical degenerative disc disease. The clinical note dated 10/10/2013 reported that the patient was seen under the care of the requesting provider. The provider documented that the patient was seen for a follow-up regarding cervical spine pain rated at a 7/10. The patient reported that she was utilizing Norco 5/325 as needed and Flexeril for muscle spasms. The patient reported that the efficacy of her medication regimen is positive, though temporary. Upon physical exam of the patient, the provider documented that range of motion of the cervical spine was decreased in all planes secondary to pain. The provider documented that motor strength was 5/5 throughout with the exception of the left upper extremity at 4+/5. The provider documented that the patient was not interested in any injections or surgery for the cervical spine. The patient had utilized 24 visits of physical therapy and 8 to 10 sessions of acupuncture.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 7.5mg, QTY 1: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril®), Page(s): 41-42.

Decision rationale: The current request is not supported. The California MTUS indicates that Cyclobenzaprine is recommended as an option when utilized as a short course of therapy. The clinical notes failed to document the duration of the patient's utilization of Cyclobenzaprine. Given the lack of guideline support for the utilization of this medication for chronic use, the request for Cyclobenzaprine 7.5 mg (Quantity: 1.00) is neither medically necessary nor appropriate.