

Case Number:	CM13-0029808		
Date Assigned:	11/27/2013	Date of Injury:	08/09/2012
Decision Date:	01/21/2014	UR Denial Date:	08/30/2013
Priority:	Standard	Application Received:	09/27/2013

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 30-year-old male who reported an injury on 08/09/2012. The patient is noted to have sustained facial fractures at the time of the injury and underwent surgical intervention in 11/2012. The patient is noted to have chronic neck, right shoulder, and upper back pain as well as headaches. The patient is noted to be utilizing Flexeril for muscle tension. The patient has physical exam findings of tenderness to palpation along the cervical paraspinous musculature.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro Cyclobenzaprine-flexeril 7.5mg #90ms: 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 Cyclobenzaprine Page(s): 41-42.

Decision rationale: California MTUS Guidelines state that Cyclobenzaprine (Flexeril) is "recommended as an option, using a short course of therapy." The documentation submitted for review indicates that the patient has been utilizing Cyclobenzaprine/Flexeril for an extended period of time. The retrospective request for Cyclobenzaprine/Flexeril would extend the patient's course of treatment beyond the short course of therapy recommended by California

MTUS Guidelines. The request is not consistent with guideline recommendations at this time. As such, the request is non-certified.