

Case Number:	CM13-0034576		
Date Assigned:	03/28/2014	Date of Injury:	12/01/2010
Decision Date:	04/30/2014	UR Denial Date:	09/13/2013
Priority:	Standard	Application Received:	10/15/2013

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 Occupational Medicine, and is licensed to practice in California. 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 applicant is a represented Northrop Grumman Corporation employee who has filed a claim for chronic low back pain, chronic neck pain, chronic rib pain, insomnia, shoulder pain, and psychological stress reportedly associated with an industrial injury of December 1, 2010. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representations; muscle relaxants; unspecified amounts of chiropractic manipulative therapy; and extensive periods of time off of work, per the claims administrator. In a Utilization Review Report of September 13, 2013, the claims administrator denied a request for cyclobenzaprine. The applicant's attorney subsequently appealed. Final Determination Letter for IMR Case Number CM13-0034576 3 In an earlier handwritten note of December 12, 2013, it is acknowledged that the applicant is not working. The note is handwritten and difficult to follow. The applicant reports ongoing neck pain. The applicant is on Naprosyn, Flexeril, and Fexmid (cyclobenzaprine).

IMR ISSUES, DECISIONS AND RATIONALES

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

CYCLOBENZAPRINE 7.5MG 3 X DAY AS NEEDED FOR SPASMS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 41.

Decision rationale: As noted on page 41 of the MTUS Chronic Pain Medical Treatment Guidelines, addition of cyclobenzaprine or Flexeril to other agents is not recommended. In this case, the applicant is using another agent, namely Naprosyn, an NSAID. Adding cyclobenzaprine or Flexeril to the mix is not recommended. It is further noted that the applicant has failed to achieve any lasting benefit or functional improvement despite ongoing usage of cyclobenzaprine. The applicant is off of work. Continued complaints of pain persist. There is no evidence of any lasting benefit achieved as a result of ongoing cyclobenzaprine usage. Therefore, the request is not certified, on Independent Medical Review.