

Case Number:	CM13-0039730		
Date Assigned:	12/20/2013	Date of Injury:	03/02/2011
Decision Date:	05/15/2014	UR Denial Date:	10/04/2013
Priority:	Standard	Application Received:	10/10/2013

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 Physical Medicine and Rehabilitation 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 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 47-year-old female who reported an injury on 03/02/2011. The mechanism of injury was not provided. Current diagnoses include cervical spine sprain, bilateral shoulder strain and impingement, right wrist de Quervain's tenosynovitis, bilateral knee sprain, and right ankle sprain with plantar fasciitis. The injured worker was evaluated on 01/29/2013. The injured worker reported gradual improvement with chiropractic therapy. Current medications include Tylenol No.4, Fexmid, Voltaren gel, and Ambien. Physical examination revealed tenderness to palpation of the cervical and lumbar spine, mild trapezius spasm, limited cervical and lumbar range of motion, positive SI joint pain on the right, positive Gaenslen's testing on the right, tenderness to palpation of bilateral shoulders, limited shoulder range of motion, and positive impingement testing. Treatment recommendations included continuation of chiropractic therapy as well as prescriptions for Tylenol No. 4, Fexmid, Voltaren gel and Ambien.

IMR ISSUES, DECISIONS AND RATIONALES

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

60 CYCLOBENZAPRINE HCL 7.5MG: Upheld

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

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

Decision rationale: The California MTUS Guidelines state muscle relaxants are recommended as nonsedating second line options for short-term treatment. Cyclobenzaprine should not be used for longer than 2 to 3 weeks. There is no documentation of objective functional improvement as a result of the ongoing use of this medication. There is also no frequency listed in the current request. Therefore, the request is non-certified.