

Case Number:	CM13-0067343		
Date Assigned:	01/03/2014	Date of Injury:	05/03/2010
Decision Date:	04/21/2014	UR Denial Date:	11/20/2013
Priority:	Standard	Application Received:	12/17/2013

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 Internal Medicine and Pulmonary Diseases 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 patient is a 43-year-old female who reported an injury on 05/03/2010 after she abruptly turned her head which reportedly caused injury to her cervical spine. The patient was treated conservatively with physical therapy and medications. The patient's most recent clinical evaluation documented the patient was participating in a home exercise program and that pain was managed with medications. The patient's medication schedule included Diclofenac sodium, Protonix, nabumetone, Cyclobenzaprine, Lidoderm, capsaicin, Fiorcet, glucosamine sulfate, Hydrocodone, Gabapentin, and Trazodone. It was noted the patient had an appropriate CURES report. The patient's diagnoses included neck pain and pain in the forearm. The patient's treatment plan included continuation of medical usage.

IMR ISSUES, DECISIONS AND RATIONALES

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

THE RETROSPECTIVE REQUEST FOR CYCLOBENZAPRINE-FLEXERIL 7.5 MG #90 WITH A DATE OF SERVICE OF 6/5/2013: Upheld

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

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

Decision rationale: The requested Cyclobenzaprine/Flexeril 7.5 mg #90 is not medically necessary or appropriate. California Medical Treatment Utilization Schedule recommends the use of muscle relaxants for short durations of treatment not to exceed 2 to 3 weeks for patients with moderate to severe chronic pain. The clinical documentation submitted for review does indicate the patient has been on this medication since at least 01/2013. As the patient has been using this medication for a duration that exceeds guideline recommendations, continued use would not be supported. The clinical documentation does not contain any exceptional factors to support extending treatment beyond guideline recommendations. As such, the requested Cyclobenzaprine/Flexeril 7.5 mg #90 (retrospective) is not medically necessary or appropriate.