

Case Number:	CM13-0070914		
Date Assigned:	01/08/2014	Date of Injury:	07/07/2010
Decision Date:	06/02/2014	UR Denial Date:	12/13/2013
Priority:	Standard	Application Received:	12/26/2013

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 Anesthesiology and Pain Medicine and is licensed to practice in Florida. 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 50 year old male who reported an injury on 07/07/2010 secondary to a fall. The diagnoses are cervical spondylosis without myelopathy, knee joint pain, chronic pain syndrome, shoulder pain and post laminectomy syndrome. The injured worker was evaluated on 12/05/2013 for reports of neck and back pain. The injured worker reported neck pain radiating to the shoulders and down to the left hand. The exam noted a history of cervical radiofrequency thermal coagulation with 70 percent pain relief on an unknown date. The exam noted cervical tenderness, extension less than 50 degrees and pain produced left rotation less than 80 degrees with pain produced and positive Spurling's with pain produced. The treatment plan indicated home rehab program and continued medication therapy. The request for authorization is not present.

IMR ISSUES, DECISIONS AND RATIONALES

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

ONE PRESCRIPTION OF CYCLOBENZAPRINE HCL 10MG #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MUSCLE RELAXANTS (FOR PAIN)..

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

Decision rationale: The Chronic Pain Guidelines recommend the use of cyclobenzaprine as a short-term option for chronic pain. The injured worker has been prescribed cyclobenzaprine since at least 11/08/2013. The medication was refilled on 12/05/2013. This exceeds the time frame to be considered short-term. In addition, there is a lack of muscle spasms on physical examination to support the need for a muscle relaxer. Therefore, based on the documentation provided, the request is non-certified.