

Case Number:	CM14-0001444		
Date Assigned:	01/22/2014	Date of Injury:	01/12/2006
Decision Date:	06/19/2014	UR Denial Date:	12/17/2013
Priority:	Standard	Application Received:	01/03/2014

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, has a subspecialty in 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 injured worker is a 62-year-old female who reported an injury on 01/12/2006 secondary to catching a falling patient. The injured worker was evaluated on 12/03/2013 for reports of neck pain and right shoulder pain. Exam noted the pain to be deep and sharp rated at 7/10 and radiating to the right lower extremity. The exam also noted a cervical spine range of motion to be at 35 degrees flexion, 10 degrees extension, 10 degrees left lateral flexion, 10 degrees right lateral flexion, 50 degrees right rotation, and 50 degrees left rotation. The right shoulder range of motion was noted to be at 85 degrees abduction with pain and 90 degrees of forward flexion with tenderness to the right shoulder girdle. Diagnoses included; cervical disc degeneration, right shoulder pain, cervicalgia, dysthymic disorder, pain in limb, and shoulder impingement. The treatment plan included continued medication therapy. The Request for Authorization was not found in the documentation provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

CYCLOBENZAPRINE 5MG, #90: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: MUSCLE RELAXANTS FOR PAIN, CA MTUS,

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

Decision rationale: The MTUS Guidelines recommend the use of muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. The documentation provided indicates the injured worker has been prescribed muscle relaxants since at least 11/29/2012. This time frame exceeds the time frame to be considered short-term. Also, there was a lack of documented objective improvement from the requested medication to support continuation. Therefore, the request is not medically necessary or appropriate.