MAXIMUS Federal Services

Case Number:	CM14-0111752		
Date Assigned:	08/01/2014	Date of Injury:	05/20/2009
Decision Date:	09/09/2014	UR Denial Date:	06/25/2014
Priority:	Standard	Application Received:	07/17/2014

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Nevada. 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 53 year old male injured on 05/20/09 due to undisclosed mechanism of injury. Diagnoses included mild right snapping scapula, mild right shoulder impingement syndrome, right cervical radiculopathy with C6 weakness, C5-7 disc degeneration/stenosis, and right cubital tunnel syndrome. Clinical note dated 05/12/14 indicated the injured worker presented complaining of ongoing neck pain radiating into the shoulder and right upper extremity rated 7/10 on visual analog scale in addition to intermittent left hand/finger pain rated 7/10. Medications included Naproxen 250mg. Physical examination revealed tenderness of the paracervical muscles and right trapezius musculature, decreased range of motion of the cervical spine, muscle strength 5/5 and cervical distraction release the symptoms. Treatment plan included recommendation for C5-7 anterior cervical discectomy and fusion, hard and soft cervical collar, bone growth stimulator, pneumatic intermittent compression device, post-operative physical therapy and pre-operative medical clearance. The initial request for Cyclobenzaprine 10mg #60 was non-certified on 06/25/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 10mg #60: Upheld

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

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

Decision rationale: As noted on page 41 of the Chronic Pain Medical Treatment Guidelines, Cyclobenzaprine is recommended as a second-line option for short-term (less than two weeks) treatment of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain. Studies have shown that the efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. Additionally, the objective findings failed to establish the presence of spasm warranting the use of muscle relaxants. The request lacked the frequency and number of refills to be provided. As such, the request of Cyclobenzaprine 10mg #60 is not medically necessary and appropriate.