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| Case Number: | CM14-0115364 | | |
| Date Assigned: | 08/06/2014 | Date of Injury: | 05/07/2013 |
| Decision Date: | 10/08/2014 | UR Denial Date: | 07/05/2014 |
| Priority: | Standard | Application Received: | 07/23/2014 |

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 Occupational Medicine 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic neck and shoulder pain reportedly associated with an industrial injury of May 7, 2013. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; and muscle relaxants. In a Utilization Review Report dated July 3, 2014, the claims administrator denied a request for cyclobenzaprine. The applicant's attorney subsequently appealed. In a June 12, 2014 progress note, the applicant reported persistent complaints of neck, shoulder, and low back pain. The applicant was placed off of work, on total temporary disability. Authorization was sought for an arthroscopic shoulder decompression procedure. Flexeril was endorsed on an as needed basis while the applicant was placed off of work.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine HCL 10mg, # 60 (one tablet twice a day as needed): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: As noted on page 41 of the MTUS Chronic Pain Medical Treatment Guidelines, cyclobenzaprine is recommended as an option using a "short course of therapy." In this case, however, the 60-tablet supply of cyclobenzaprine proffered by the attending provider implies chronic, long term, and scheduled usage of the same. No rationale for selection of this particular agent was furnished, despite the tepid to unfavorable MTUS position on long-term usage of cyclobenzaprine. Therefore, the request is not medically necessary.