MAXIMUS Federal Services

Case Number:	CM14-0127303		
Date Assigned:	08/15/2014	Date of Injury:	01/10/2011
Decision Date:	09/15/2014	UR Denial Date:	07/15/2014
Priority:	Standard	Application Received:	08/11/2014

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 Physical Medicine and Rehabilitation 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 records presented for review indicate that this female employee was reportedly injured on January 10, 2011. The mechanism of injury is not listed in these records reviewed. The most recent progress note, dated July 7, 2014, indicates that there are ongoing complaints of neck and upper extremity pain. Injured employee stated that she is feeling about 50% better and current pain level was stated to be 6/10. The physical examination demonstrated tenderness over the trigger points of the neck, posterior shoulders, and right greater than left upper extremity. Cervical range of motion was complete but slow. There was an antalgic gait and ambulation with the assistance of a cane. Diagnostic imaging studies were not reviewed during this visit. Treatment includes trigger point injection. A request had been made for cyclobenzaprine and ibuprofen and was not certified in the pre-authorization process on July 15, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro Cyclobenzaprine 10mg Qty 30 Dos 7/07/2014: Upheld

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

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

Decision rationale: Cyclobenzaprine is a muscle relaxant. According to the California Chronic Pain Medical Treatment Guidelines, muscle relaxants are indicated as a second line option for the short-term treatment of acute exacerbations of chronic low back pain. According to the most recent progress note, the injured employee does not have any complaints of acute exacerbations nor are there any spasms present on physical examination. For these reasons this request for cyclobenzaprine is not medically necessary.

Retro Ibuprofen 800mg Qty 60 Dos 7/07/2014: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 22.

Decision rationale: Antiinflammatories such as ibuprofen are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. According to the attached medical record there is no reported decrease pain and increased functional activity related directly to the use of medication. Additionally the dosing of ibuprofen prescribed is the maximum amount. Therefore this request for ibuprofen 800 mg is not medically necessary.