

Case Number:	CM14-0136436		
Date Assigned:	09/03/2014	Date of Injury:	08/08/2003
Decision Date:	10/30/2014	UR Denial Date:	08/14/2014
Priority:	Standard	Application Received:	08/25/2014

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 Emergency Medicine and is licensed to practice in Texas. 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 57-year-old female who reported an injury on 08/08/2003. The injured worker was reportedly struck by falling boxes. The current diagnoses include nonunion at C5-6, status post revision on 05/17/2012, status post posterior revision on 07/22/2013, C6-7 fusion, acute cervical strain, right shoulder impingement, L4-5 spondylosis, degenerative disc disease at L3-S1, and post ESI headaches. Previous conservative treatment is noted to include physical therapy, injections, chiropractic treatment, and medications. The injured worker was evaluated on 08/06/2014 with complaints of persistent pain. Physical examination revealed normal sensory and motor testing in the upper and lower extremities with the exception of weakness at L5 and S1, an antalgic gait, positive straight leg raising on the left, tenderness and spasm, decreased cervical spine range of motion, and decreased right shoulder range of motion with positive impingement sign and spasm. Treatment recommendations at that time included continuation of the current medication regimen. There was no Request for Authorization form submitted for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fexmid Cyclobenzaprine 7.5mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CA MTUS - Cyclobenzaprine (Flexeril).

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

Decision rationale: California MTUS Guidelines state muscle relaxants are recommended as nonsedating second line options for short term treatment of acute exacerbations. Cyclobenzaprine should not be used for longer than 2 to 3 weeks. The injured worker has previously utilized this medication in 03/2014. There was no documentation of objective functional improvement. There is also no frequency listed in the request. As the California MTUS Guidelines do not recommend long term use of muscle relaxants, the current request cannot be determined as medically appropriate at this time.