

Case Number:	CM14-0155501		
Date Assigned:	09/25/2014	Date of Injury:	10/21/2007
Decision Date:	10/27/2014	UR Denial Date:	09/15/2014
Priority:	Standard	Application Received:	09/23/2014

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 Physical Medicine and Rehabilitation 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:

Medical records reflect the claimant is a 51 year old male who sustained a work injury on 10-21-07. On this date, the claimant was rear ended and had immediate left shoulder pain. The claimant is status post cervical fusion. He also has a diagnosis of lumbar radiculopathy, headaches, chronic pain and insomnia due to pain. The claimant is currently being treating with medications. Office visit on 8-11-14 notes the claimant has pain rated as 8/10 with medications and 10/10 without. The claimant had developed opioid tolerance due to long term use of opioids and his UDS was inconsistent with medications prescribed. Prior weaning opioid medications had been unsuccessful. The claimant had withdrawal side effects with insomnia, headaches and muscle spasms.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 7.5 mg 1 po bid qd prn spasms # 60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines muscle relaxants Page(s): 63-67. Decision based on Non-MTUS Citation Pain chapter - muscle relaxants

Decision rationale: Chronic Pain Medical Treatment Guidelines as well as ODG does not support the long term use of muscle relaxants. There are no extenuating circumstances to support the long term use of this medication in this case. Therefore, the medical necessity of this request is not established.