

Case Number:	CM14-0164983		
Date Assigned:	10/10/2014	Date of Injury:	09/07/2012
Decision Date:	11/10/2014	UR Denial Date:	09/22/2014
Priority:	Standard	Application Received:	10/07/2014

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:

This patient is a 49 year old male who developed persistent cervical pain after an injury dated 9/7/12. He reports persistent neck pain that radiates into the left shoulder. He has had MRI imaging and electrodiagnostic studies. There is no evidence of a frank radiculopathy or peripheral nerve compression. He has been treated with P.T. and acupuncture without lasting benefits. Due to a flare-up on 9/4/14 he was started on NSIADs and Cyclobenzaprine. Follow up on 9/15/14 documented no change in symptoms and no particular benefit from the muscle relaxant. The Cyclobenzaprine was continued.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 10 mg #30, 1 tab po qhs at bedtime: 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 Muscle Relaxants Page(s): 64.

Decision rationale: MTUS Guidelines are quite specific that Cyclobenzaprine is recommended only for short-term use of 2-3 weeks. There is no documentation that it has been beneficial for

pain relief or improved function. There are no unusual circumstances that would justify an exception to the guidelines. The Cyclobenzaprine 10mg #30 is not medically necessary.