

Case Number:	CM14-0170495		
Date Assigned:	10/20/2014	Date of Injury:	07/12/2010
Decision Date:	11/20/2014	UR Denial Date:	09/26/2014
Priority:	Standard	Application Received:	10/15/2014

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 American Board of Family Practice 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 injured worker (IW) is a 44-year-old woman with a date of injury of July 12, 2010. She sustained an injury when she stepped out from the ladies room in the hallway and did not see the wet floor. She slipped and fell landing on her lower back, buttocks, and right knee. Review of the submitted records indicates that the IW was being treated for chronic neck, shoulder, and leg pain. Pursuant to the office visit note dated September 5, 2014, The IW called the office requesting a medication refill. No examination was performed. Diagnoses include cervical disc displacement without myelopathy, shoulder joint pain, and lower leg joint pain. Pursuant to the progress note dated June 27, 2014, the listed medication indicated that the IW was on Cyclobenzaprine 5mg at bedtime.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 5mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain), Cyclobenzaprine (Flexeril).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines, cyclobenzaprine is not medically necessary. The guidelines state cyclobenzaprine is recommended using a short course of therapy. The effect is greatest in the first four days of treatment, suggesting shorter courses may be better. Treatment should be brief. The addition of cyclobenzaprine to other agents/drugs is not recommended. In this case, the injured worker is a 44-year-old woman who called the office requesting a medication refill. There was no physical examination. The diagnoses include cervical disc displacement without myelopathy, shoulder joint pain and lower leg joint pain. She has been taking cyclobenzaprine for at least 4 months. In most back pain cases cyclobenzaprine shows no benefit beyond nonsteroidal drugs in pain and overall management. This medication is recommended for a short course of therapy. It is not recommended for longer than 2 to 3 weeks. Based on the clinical information in the medical record and the peer review evidence-based guidelines, cyclobenzaprine was not medically necessary.