

Case Number:	CM14-0183833		
Date Assigned:	11/10/2014	Date of Injury:	08/24/2010
Decision Date:	12/30/2014	UR Denial Date:	10/15/2014
Priority:	Standard	Application Received:	11/04/2014

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 Family Medicine and is licensed to practice in Ohio. 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 61-year-old female with a date of injury of August 24, 2010. She became overheated while working in a hot environment and evidently had a syncopal episode. Subsequently she has developed chronic neck pain, recurring headaches, shoulder pain, and memory loss. They diagnoses include thoracic sprain, cervical degenerative disc disease, cervical radiculopathy, tension headaches, left shoulder impingement, depression, and hypertension. The physical exam has revealed diminished cervical range of motion with tense/tender paraspinal cervical muscles with spasm. She has also had tenderness over the left temporal artery. The upper extremity neurologic exam has been normal. She has been prescribed Fenoprofen, Tramadol, Topamax, Gabapentin, a tens unit, and a home exercise program. A prescription appears for Cyclobenzaprine 7.5mg on October 2, 2014 for #60 and 3 refills. She was to follow up 2 months later.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 7.5 mg, sixty count with three refills: 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
Cyclobenzaprine Page(s): 41-42. Decision based on Non-MTUS Citation Official Disability
Guidelines (ODG), Pain (Chronic), Muscle relaxants

Decision rationale: Cyclobenzaprine is a skeletal muscle relaxant and a central nervous system (CNS) depressant that is marketed as Flexeril by Ortho McNeil Pharmaceutical. It is recommended as an option for pain, using a short course of therapy. Treatment should be brief. This medication is not recommended to be used for longer than 2-3 weeks. There is also a post-op use. The addition of cyclobenzaprine to other agents is not recommended. In this instance, the quantity of cyclobenzaprine prescribed, #60, may be appropriate as that would provide 3 weeks of therapy. However, the provision of 3 refills suggests that the intention is for more chronic therapy. Additionally, the injured worker is also prescribed an NSAID, an antiepileptic drug, and an opioid. The guidelines specifically recommend against prescribing cyclobenzaprine with other agents. Consequently, cyclobenzaprine 7.5 mg, sixty count with three refills was not medically necessary.