

Case Number:	CM14-0025542		
Date Assigned:	06/13/2014	Date of Injury:	08/15/2003
Decision Date:	07/16/2014	UR Denial Date:	02/06/2014
Priority:	Standard	Application Received:	02/28/2014

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 Neurological Surgery 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 is a 49-year-old female was reportedly injured on August 15, 2003. The mechanism of injury is not listed in these records reviewed. The most recent progress note, dated June 11, 2014, indicates that there are ongoing complaints of intermittent neck pain radiating to the right arm and muscle spasms. There was no physical examination conducted on this date. A previous note dated February 4, 2014, also did not include a physical examination. A note on July 9, 2013, contains similar physical complaints. It was stated that the injured employee was a year and a half status post C5 corpectomy and a C4/C6 anterior spinal fusion. The physical examination on this date noted decreased cervical spine range of motion and a normal upper extremity neurological examination. A request was made for cyclobenzaprine and was not certified in the pre-authorization process on February 6, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

CYCLOBENZAPRINE HCL 10 MG QUANTITY : 90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain) Page(s): 63-66.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back (Acute & Chronic), Neck and upper back, Updated May 30, 2014.

Decision rationale: Muscle relaxants such as cyclobenzaprine are indicated as a short-term option in acute cases with spasms who cannot utilize non-steroidal anti-inflammatory drugs (NSAIDS) or have persistent symptoms despite NSAID treatment. There is no documentation in the medical record that the injured employee cannot tolerate anti-inflammatory medications or that they have persistent symptoms despite their use. Additionally, this request is for 90 tablets which does not reflect occasional short-term usage of this medication. For these reasons this request for cyclobenzaprine is not medically necessary.