

Case Number:	CM14-0031368		
Date Assigned:	04/25/2014	Date of Injury:	11/02/2000
Decision Date:	06/02/2014	UR Denial Date:	01/28/2014
Priority:	Standard	Application Received:	02/03/2014

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:

According to [REDACTED] re-evaluation report dated 01/18/2014, the patient presents with complaints of increased pain in his neck, mid back, low back, right shoulder, both elbows, and both wrists. He rates the severity of his neck elbow and wrist pain as an 8 and his mid and low back pain as a 7, without medications therapy. He also reports having symptoms of stress, anxiety and depression as well as difficulty falling and staying asleep. On examination, the cervicothoracic spine reveals tenderness to palpation associated with palpable muscular spasm over lower paraspinal musculature, right greater than left. There is also a palpable knot noted over the paracervical musculature. There is tenderness to palpation associated with palpable muscular spasm noted over the paraspinal musculature. The patient has an exacerbation of his pain and has not benefited from the current medications. As such, a prescription for cyclobenzaprine 7.5 mg #90, 1 tablet orally, 3 times per day for muscle spasms has been provided for the patient. The patient has benefited from physical therapy and deep tissue massage/manipulation treatment in the past. As such, we will have him referred for physical therapy, once per week for 4 weeks, along with 4 sessions of deep tissue manipulation treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

CYCLOBENZAPRINE 7.5MG #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
CYCLOBENZAPRINE(FLEXERIL) Page(s): 41, 64.

Decision rationale: According to CA MTUS, Cyclobenzaprine (Flexeril®) is recommended as an option, using a short course of therapy. The greatest affect appears to be in the first four days of therapy. The addition of cyclobenzaprine to other agents is not recommended. Chronic or prolonged use of muscle relaxants is not recommended by the guidelines. While the patient appears to have suffered an exacerbation and failed first-line medications, the quantity of cyclobenzaprine is excessive and not consistent with a brief course of therapy. Medical necessity is not established.