

Case Number:	CM14-0034700		
Date Assigned:	06/20/2014	Date of Injury:	07/20/2011
Decision Date:	08/20/2014	UR Denial Date:	03/04/2014
Priority:	Standard	Application Received:	03/20/2014

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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 male who reported injury on 07/20/2011. The mechanism of injury was the injured worker was carrying lumber on his shoulder and felt his shoulder pop and he dropped the lumber. Prior therapies include physical therapy and medications as well as surgical intervention. Documentation of 02/25/2014 revealed the injured worker had complaints of pain with repetitive neck motion or heavy lifting. The objective physical findings revealed muscle guarding with tenderness of the cervical spine, asymmetry of motion, no evidence of radiculopathy and radiographic evidence of multi-level degenerative disc disease. No DWC form RFA or PR2 was submitted for the requested medication. The original date of request could not be established through supplied documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine hcl 10 mg #30: 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): 63.

Decision rationale: The California MTUS Guidelines recommend muscle relaxants as a second line option for the short-term treatment of acute low back pain. Muscle relaxant usage is recommended for less than 3 weeks. The clinical documentation submitted for review failed to provide the duration of use for the requested medication. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for cyclobenzaprine hydrochloride 10 mg #130 is not medically necessary.