

Case Number:	CM14-0036028		
Date Assigned:	06/23/2014	Date of Injury:	09/15/2010
Decision Date:	07/30/2014	UR Denial Date:	03/07/2014
Priority:	Standard	Application Received:	03/24/2014

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:

The applicant is a represented [REDACTED] employee who has filed a claim for chronic low neck pain reportedly associated with an industrial injury of September 15, 2010. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; unspecified amounts of psychological counseling; and an 8% whole-person impairment rating through a psychiatric medical-legal evaluation. In a Utilization Review Report dated March 7, 2014, the claims administrator denied a request for cyclobenzaprine. The claims administrator stated that the applicant did not have any muscle spasm for which cyclobenzaprine was indicated and the attending provider had not furnished any evidence that the applicant profited through earlier usage of the same. The applicant's attorney subsequently appealed. A May 21, 2014 progress note is notable for comments that the applicant's neck symptoms were stable. The applicant was already permanent and stationary, it was stated. The applicant was diagnosis of mild left C6 cervical radiculopathy. The applicant was asked to continue home exercises and permanent work restrictions. The applicant did not appear to be working. In a May 6, 2014 progress note, the applicant stated she was miserable and depressed. The applicant had reportedly gained weight and felt that her life was miserable.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine HCL 10mg, thirty count: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine topic Page(s): 41.

Decision rationale: As noted on page 41 of the MTUS Chronic Pain Medical Treatment Guidelines, addition of cyclobenzaprine or Flexeril to other agents is not recommended. In this case, the applicant is using several other psychotropic and analgesic medications, many of which have not been specifically enumerated by the attending provider. Adding cyclobenzaprine or Flexeril to the mix is not recommended. Therefore, the request is not medically necessary.