MAXIMUS Federal Services

Case Number:	CM14-0040534		
Date Assigned:	06/20/2014	Date of Injury:	11/28/2003
Decision Date:	07/21/2014	UR Denial Date:	03/04/2014
Priority:	Standard	Application Received:	03/10/2014

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 Texas. 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 56 year old female who suffered injury on 11/20/03. She was at [redacted] standing outside near the wall when one of the workers came out with a shopping cart with a large TV screen and he rammed his shopping cart into her side knocking her to the ground. Since then she has had neck pain and back pain. She has had extensive treatment including fusion in 2003 at C5 through C7 Anterior cervical discectomy and fusion (ACDF). She had physical therapy which she reported made it worse. She had been to the emergency room several occasions over the years and was treated with pain medication. She had neurosurgical consult in 2013 and was told that she did not need additional surgery. Magnetic resonance imaging of cervical spine dated 04/17/13 showed mild congenital spinal stenosis at C3-4 and C7-T1, accentuated by annular bulging. Moderate spinal stenosis at C4-5 likely with mild cord impingement. Prior C5-6 and C6-7 ACDF. Spinal cord was normal in signal. There was no mass or spinal stenosis. There was no abnormal contrast enhancement. Most recent note dated 02/07/14 patient was complaining of pain everywhere in her body including the neck, arms, back, legs. Physical examination noted, almost flexion contracture of the neck at about 30 degrees with diffuse tenderness in the neck on both sides. Range of motion severely restricted. Spurling test positive on both sides. Both arms were weak. She had also had muscle tenderness. Deep tendon reflexes were still normal and no atrophy seen. Diagnosis was cervicalgia. Cervical spinal stenosis. Request was for cyclobenzaprine 10mg with two refills. Prior utilization review on 03/03/14 for cyclobenzaprine 10mg was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Cyclobenzaprine HCL 10mg with 2 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprin. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Flexeril (cyclobenzaprine).

Decision rationale: Request was for cyclobenzaprine 10mg with two refills is not medically necessary. The clinical documentation submitted for review and evidence based guidelines do not support the request for cyclobenzaprine. The effect of cyclobenzaprine is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. The most recent clinical document reviewed dated 02/17/2014, injured worker was taking cyclobenzaprine much longer than the recommended time.