

Case Number:	CM14-0040652		
Date Assigned:	06/27/2014	Date of Injury:	10/31/2011
Decision Date:	08/18/2014	UR Denial Date:	03/27/2014
Priority:	Standard	Application Received:	04/07/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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 records presented for review indicate that this 47-year-old female was reportedly injured on October 31, 2011. The mechanism of injury is not listed in the records reviewed. The most recent progress note, dated March 13, 2014, indicates that there are ongoing complaints of left shoulder pain as well as tingling, numbness, and swelling of the left arm and hand. The physical examination demonstrated a difference in temperature between the injured employee's two hands and decreased left sided grip strength. There was a bluish discoloration of the left upper extremity. A Spurling's test of the cervical spine was negative, and there was paracervical tenderness primarily at the C4-C5 and C5-C6 level. Diagnostic imaging studies of the cervical spine were stated to be within normal limits. A request was made for a retrospective request of Cyclobenzaprine and was not certified in the pre-authorization process on March 27, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Cyclobenzaprine 7.5mg #30 DOS 3/13/14: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 64.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-66 of 127.

Decision rationale: Cyclobenzaprine is a muscle relaxant. According to the MTUS Chronic Pain Medical Treatment Guidelines, muscle relaxants are indicated as a second line option for the short-term treatment of acute exacerbations of chronic low back pain. According to the most recent progress note, the injured employee does not have any complaints of acute exacerbations nor are there any spasms present on physical examination. For these reasons this retrospective request Cyclobenzaprine is not medically necessary.