

Case Number:	CM14-0041505		
Date Assigned:	06/30/2014	Date of Injury:	11/26/2013
Decision Date:	12/26/2014	UR Denial Date:	03/17/2014
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 Anesthesiology, has a subspecialty in Pain Management 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 the records made available for review, this is a 39-year-old female with a 11/26/13 date of injury. At the time (2/27/14) of request for authorization for Cyclobenzaprine 10 mg #30 dispensed 02-27-14, there is documentation of subjective (neck pain radiating to both upper extremities) and objective (tender trigger points over the trapezius, mid scapular, and scapular musculature, diminished upper extremities deep tendon reflexes, and intact sensation) findings, current diagnoses (repetitive strain injury with myofascial pain syndrome in the neck and bilateral extremities), and treatment to date (medications (including ongoing treatment with cholecalciferol), physical therapy, trigger point injections, and acupuncture). There is no documentation of Cyclobenzaprine used as a second line option; and short-term (less than two weeks) treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 10 mg #30 dispensed 02-27-14: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-64. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Muscle relaxants (for pain)

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of acute exacerbation of chronic low back pain and used as a second line option for short-term treatment, as criteria necessary to support the medical necessity of muscle relaxant. ODG identifies that muscle relaxants are recommended for short-term (less than two weeks) treatment. Within the medical information available for review, there is documentation of a diagnosis of repetitive strain injury with myofascial pain syndrome in the neck and bilateral extremities. However, there is no documentation of acute exacerbation of chronic low back pain and Cyclobenzaprine used as a second line option. In addition, given the request for Cyclobenzaprine 10 mg #30, there is no documentation of short-term (less than two weeks) treatment. Therefore, based on guidelines and a review of the evidence, the request for Cyclobenzaprine 10 mg #30 dispensed 02-27-14 is not medically necessary.