

Case Number:	CM14-0045582		
Date Assigned:	06/27/2014	Date of Injury:	10/24/2007
Decision Date:	08/19/2014	UR Denial Date:	03/28/2014
Priority:	Standard	Application Received:	04/02/2014

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 Orthopedic Surgery, 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 records, presented for review, indicate that this 62-year-old female was reportedly injured on 10/24/2007. The mechanism of injury was not listed in the records reviewed. The most recent progress note, dated 2/27/2014 indicated that there were ongoing complaints of neck pain and back pain. The physical examination demonstrated cervical spine positive tenderness to palpation left greater than right, limited range of motion with pain, and positive cervical foraminal compression test. Lumbar spine had positive pain to percussion over the lumbar spine at level L4-L5 and L5-S1. Range of motion was decreased. Patient had decreased sensation over L5 bilaterally. Range of motion of the right hip was decreased by 5. No recent diagnostic studies were available for review. Previous treatment included physical therapy, medications, and conservative treatment. A request was made for cyclobenzaprine #240 and was not certified in the pre-authorization process on 3/28/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 240: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 41-43, 113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 (Effective July 18, 2009) Page(s): 41,64 of 127.

Decision rationale: MTUS guideline supports the use of skeletal muscle relaxants for the short-term treatment of pain but advises against long-term use. Given the claimant's date of injury and clinical presentation, the guidelines do not support this request for chronic pain. As such, the request is not medically necessary.