

Case Number:	CM14-0056811		
Date Assigned:	07/09/2014	Date of Injury:	01/12/2012
Decision Date:	09/08/2014	UR Denial Date:	04/10/2014
Priority:	Standard	Application Received:	04/28/2014

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 January 12, 2012. The mechanism of injury was not listed in these records reviewed. The most recent progress note, dated November 13, 2013, indicated that there were ongoing complaints of neck pain and shoulder pain as well as low back pain. The physical examination demonstrated tenderness at the right-sided sciatic notch. Diagnostic imaging studies of the cervical spine indicated degenerative disc disease from C3 through C7. There was a nerve conduction study indicating brachial neuritis and very mild right sided carpal tunnel syndrome. An MRI of the lumbar spine showed a disc protrusion at L5-S1 and a disc bulge at L4-L5. Previous treatment included the use of an H wave unit. A request had been made for cyclobenzaprine and was not certified in the pre-authorization process on April 10, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro Med: Cyclobenzaprine HCL, 20 day supply: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26, MTUS (Effective July 18, 2009) Muscle relaxants (for pain) Page(s): 63-66.

Decision rationale: Cyclobenzaprine is a muscle relaxant. According to the California 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 request for cyclobenzaprine is not medically necessary.