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| Case Number: | CM14-0076214 | | |
| Date Assigned: | 07/18/2014 | Date of Injury: | 11/02/2000 |
| Decision Date: | 09/16/2014 | UR Denial Date: | 05/16/2014 |
| Priority: | Standard | Application Received: | 05/22/2014 |

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 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 injured worker is a 45 year old male who sustained work-related injuries on November 2, 2000. He was previously rendered as permanent and stationary. The most recent progress notes dated May 5, 2014 document that the injured worker complained of pain in the bilateral shoulder and upper extremities as well as pain in his low back. He felt that this was an exacerbation of his upper extremity and lower back injury. He rated his upper extremity/shoulder pain as 5-6/10 while his low back pain was rated at 6-7/10 but would go down to 3/10 with medication. On examination, tenderness was noted over the anterior and posterior aspects of the shoulders. His lumbar spine examination noted tenderness and spasms over the paraspinal musculature. Flexion and rotation were decreased. His Kemp's test was positive bilaterally while straight leg raising test was also positive. He is diagnosed with (a) cervical spine herniated nucleus pulposus; (b) bilateral wrist carpal tunnel syndrome; (c) bilateral upper extremity overuse syndrome with lateral and medial epicondylitis; (d) lumbar spine herniated nucleus pulposus with history of bilateral radiculopathy; (e) stress; (f) anxiety; and (h) insomnia.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 7.5mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain), Cyclobenzaprine (Flexeril) Page(s): 63-64,41-42.

Decision rationale: Evidence-based guidelines indicate that this medication can only be used in the short-term and is indicated for fibromyalgia. A review of this injured worker's records indicates that he has been utilizing Cyclobenzaprine in the chronic term. Also, the most recent physical examination findings indicated that he still has muscle spasms which may be indicative that the effect of this medication is diminished. Due to the chronic use of Cyclobenzaprine and diminished efficacy of Cyclobenzaprine as well as not having the exhibiting fibromyalgia, the medical necessity of the requested Cyclobenzaprine 7.5 milligrams #90 is not established.