

Case Number:	CM14-0077892		
Date Assigned:	07/18/2014	Date of Injury:	01/17/2008
Decision Date:	09/24/2014	UR Denial Date:	04/28/2014
Priority:	Standard	Application Received:	05/28/2014

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 Internal Medicine, 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 44 year old female injured on 01/17/08 due to undisclosed mechanism of injury. Diagnoses included repetitive strain injury, neck and bilateral upper extremities with myofascial pain syndrome, bilateral carpal tunnel syndrome status post release, cervical degenerative disc disease with severe stenosis with probable radiculopathy. Clinical note dated 08/26/13 indicated the injured worker presented complaining of posterior shoulder and neck pain rated 7/10 with associated numbness and tingling in bilateral hands and feet worsening at night. The injured worker tolerating medications and placed on phentermine for weight loss. The injured worker reported following epidural block numbness and tingling in bilateral hands remained unchanged. Physical examination of cervical spine revealed tenderness and tightness over the neck, posterior shoulders, and upper extremities, decreased range of motion, decreased left C7 and right C7-8 sensation and positive Phalen bilaterally. Medications included Flexeril, Lidoderm patch, Ibuprofen, and Neurontin. There was no recent documentation provided for review. The initial request for retrospective (04/01/14) cyclobenzaprine 10mg at bedtime #30 was non-certified on 04/28/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Cyclobenzaprine 10mg #30 for DOS 4/1/2014: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines muscle relaxants Page(s): 63-64.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Cyclobenzaprine Page(s): 41.

Decision rationale: As noted on page 41 of the Chronic Pain Medical Treatment Guidelines, Cyclobenzaprine is recommended as a second-line option for short-term (less than two weeks) treatment of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain. There were no recent clinical records submitted for review limiting the ability to substantiate the medical necessity of the requested medication. As such, the retrospective Cyclobenzaprine 10mg #30 for DOS 4/1/2014 cannot be recommended as medically necessary.