

Case Number:	CM14-0078489		
Date Assigned:	07/18/2014	Date of Injury:	10/07/2003
Decision Date:	09/15/2014	UR Denial Date:	05/08/2014
Priority:	Standard	Application Received:	05/29/2014

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, has a subspecialty in Pain 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 45-year-old female with an industrial injury on October 7, 2003. The injured worker has diagnoses of chronic right shoulder pain and underwent right shoulder arthroscopy with subacromial decompression and rotator cuff debridement on June 20, 2005. The patient also has diagnoses of chronic neck pain, cervical disc degeneration, lumbar disc degeneration, cervical radiculopathy, and lumbar disc herniation. The disputed request is for cyclobenzaprine (FexMid).

IMR ISSUES, DECISIONS AND RATIONALES

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

FexMid 7.5mg quantity #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine, Muscle Relaxants Page(s): 63-64.

Decision rationale: The guidelines recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. The submitted notes were reviewed and did not show documentation of benefit from cyclobenzaprine, or the duration the patient had been on cyclobenzaprine. This information is

required for continuation of this medication as it is only recommended for short-term treatment of acute exacerbations of chronic pain. Therefore, this request is considered not medically necessary.