

Case Number:	CM14-0196809		
Date Assigned:	12/05/2014	Date of Injury:	04/22/1996
Decision Date:	02/04/2015	UR Denial Date:	11/15/2014
Priority:	Standard	Application Received:	11/24/2014

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 Occupational 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:

Patient is a 52 year-old female with date of injury 04/22/1996. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 10/02/2014, lists subjective complaints as pain in the cervical spine and right shoulder. Objective findings: Examination of the cervical spine revealed tenderness to palpation of the paraspinal muscles with radiation to the supra and infra scapular areas bilaterally. Range of motion was limited. Positive cervical compression test bilaterally. Diagnosis: 1. Cervicalgia 2. Lumbago 3. Pain in joint pelvis/thigh. The medical records supplied for review document that the patient has been taking the following medication for at least as far back as six months. Medication: 1. Flexeril (Cyclobenzaprine) 10mg SIG: BID.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril (Cyclobenzaprine) 10 mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 64.

Decision rationale: The MTUS Chronic Pain Treatment Guidelines do not recommend long-term use of muscle relaxants such as Cyclobenzaprine. The patient has been taking Cyclobenzaprine for an extended period, long past the 2-3 weeks recommended by the MTUS. Therefore, this request for Flexeril (Cyclobenzaprine) is not medically necessary.