

Case Number:	CM14-0199301		
Date Assigned:	12/09/2014	Date of Injury:	08/01/2009
Decision Date:	01/30/2015	UR Denial Date:	10/27/2014
Priority:	Standard	Application Received:	11/26/2014

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 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 underlying date of injury in this case is 08/01/2009. The date of the initial utilization review under appeal is 10/27/2014. On 09/03/2014, the patient was seen in primary treating physician followup orthopedic consultation. The patient presented with ongoing pain in the neck and bilateral shoulders. The patient reported good relief with his current pain regimen and reported this was allowing him to increase his activities of daily living. The patient was alert and oriented but indicated obvious pain. The patient had tenderness to palpation in the paraspinal muscles and had severely decreased motion in the cervical spine and paraspinal spasm with minimal swelling and no signs of infection. On exam the patient had tenderness to palpation of both shoulders in the acromioclavicular joints. The patient had a positive Spurling sign bilaterally. The patient was diagnosed with cervical strain/sprain, severe headaches, and bilateral shoulder bursitis with impingement. The treatment plan included Norco, naproxen, omeprazole, and cyclobenzaprine 7.5 mg t.i.d., #90.

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 Muscle relaxants. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter

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

Decision rationale: The California Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines, section on muscle relaxants states regarding cyclobenzaprine that this is recommended for a short course of therapy and that limited evidence does not allow for a recommendation for chronic use. This injury is over a decade old, and the patient has chronic pain; thus, the current prescription would appear to be for chronic use, particularly given a prescription for a 30-day supply. The guidelines would not support this quantity of cyclobenzaprine given the lack of evidence of its effectiveness, other than short durations. This request is not medically necessary.