

Case Number:	CM14-0203745		
Date Assigned:	12/16/2014	Date of Injury:	05/20/2012
Decision Date:	02/09/2015	UR Denial Date:	11/25/2014
Priority:	Standard	Application Received:	12/05/2014

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 Family Practice, 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:

This is a 27 years old female patient who sustained an injury on 5/20/2012. She sustained the injury due to fell seven feet from a ladder and hit her head with loss of consciousness. The current diagnoses include status post left de Quervain's release, rule out lumbar intradiscal component, rule out lumbar radiculopathy, left shoulder impingement, chondromalacia patella, left and history of posttraumatic stress disorder, industrial. Per the doctor's note dated 12/3/2014, she had complaints of improving left wrist/hand pain at 5/10, left shoulder pain at 3/10, low back pain with left lower extremity symptoms at 5/10 and left knee pain at 6/10. The physical examination revealed tenderness over the left wrist, left shoulder, left knee and lumbar spine, limited lumbar range of motion. The medications list includes tramadol, hydrocodone, cyclobenzaprine, naproxen and pantoprazole. She has undergone De Quervain's release on 7/14/14. She has had physical therapy visits and TENS for this injury.

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.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril, Amrix, Fexmid, generic available). Page(s): 64.

Decision rationale: Cyclobenzaprine is a skeletal muscle relaxant and a central nervous system (CNS) depressant. According to California MTUS, Chronic pain medical treatment guidelines, Cyclobenzaprine is "Recommended for a short course of therapy. Limited, mixed-evidence does not allow for a recommendation for chronic use this medication is not recommended to be used for longer than 2-3 weeks. According to the cited guidelines Cyclobenzaprine is recommended for short term therapy and not recommended for longer than 2-3 weeks. Evidence of muscle spasm is not specified in the records provided. The level of the pain with and without medications is not specified in the records provided. The need for flexeril on a daily basis with lack of documented improvement in function is not fully established. Short term or prn use of Cyclobenzaprine in this patient for acute exacerbations would be considered reasonable appropriate and necessary. However the need for 90 tablets of Cyclobenzaprine 7.5 mg, as submitted, is not deemed medically necessary. The medical necessity of Cyclobenzaprine 7.5mg #90 is not medically necessary.