

Case Number:	CM14-0209525		
Date Assigned:	12/22/2014	Date of Injury:	06/10/2009
Decision Date:	02/27/2015	UR Denial Date:	12/03/2014
Priority:	Standard	Application Received:	12/15/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Texas, Ohio, California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 applicant is a represented [REDACTED] employee who has filed a claim for chronic mid back pain reportedly associated with an industrial injury of June 10, 2009. In a Utilization Review Report dated December 3, 2014, the claims administrator partially approved a request for 30 tablets of cyclobenzaprine as 15 tablets of the same. The claims administrator referenced a progress note dated October 17, 2014 in its determination. The applicant's attorney subsequently appealed. On September 18, 2014, the applicant reported persistent complaints of hand and shoulder pain associated with loss of sleep. The attending provider stated that he is waiting the results of DNA testing. On October 17, 2014, the applicant was described as using naproxen, Protonix, and Flexeril. It was suggested that the applicant was using Flexeril on a daily basis. On a subsequent note dated November 21, 2014, the applicant was again described as using naproxen, Protonix, and Flexeril for ongoing complaints of shoulder pain, hand pain, wrist pain, and insomnia. A rather proscriptive 10-pound lifting limitation was endorsed, although it did not appear that the applicant was working with said limitations in place.

IMR ISSUES, DECISIONS AND RATIONALES

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

30 Tablets of Cyclobenzaprine 10mg: Upheld

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

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

Decision rationale: As noted on page 41 of the MTUS Chronic Pain Medical Treatment Guidelines, the addition of cyclobenzaprine to other agents is not recommended. Here, the applicant is using at least one other agent, naproxen. Adding cyclobenzaprine or Flexeril to the mix is not recommended. It is further noted that the 30-tablet supply of cyclobenzaprine at issue implies chronic, long-term, and/or daily usage which represents treatment in excess of the "short-course of therapy" for which cyclobenzaprine is recommended, per page 41 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, this request is not medically necessary.