

Case Number:	CM14-0209771		
Date Assigned:	12/22/2014	Date of Injury:	08/28/2002
Decision Date:	02/12/2015	UR Denial Date:	12/09/2014
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. The expert reviewer is Board Certified in Internal Medicine, and is licensed to practice in New York. 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 claimant is a 47 yo female who sustained an industrial injury on 08/28/2002. Her diagnoses include neck pain, myofascial pain, shoulder pain, cervical disc with radiculitis, and carpal tunnel syndrome. She continues to complain of low back pain. Physical exam revealed decreased range of lumbar range of motion without any motor or sensory abnormalities. Treatment has consisted of medical therapy with opiates, physical therapy and interventional procedures. The treating provider has requested Cyclobenzaprine 7.5mg # 90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 7.5 mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril).

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

Decision rationale: Per California MTUS Treatment Guidelines, Cyclobenzaprine is not recommended for the long-term treatment of chronic musculoskeletal pain. The medication has its greatest effect in the first four days of treatment. The documentation does not indicate that there are palpable muscle spasms and there is no documentation of functional improvement from

any previous use of this medication. Per Ca MTUS Guidelines muscle relaxants are not considered any more effective than non-steroidal anti-inflammatory medications alone. Based on the currently available information, medical necessity for this medication has not been established. The requested medication is not medically necessary.