

Case Number:	CM14-0213111		
Date Assigned:	12/30/2014	Date of Injury:	01/24/2011
Decision Date:	02/27/2015	UR Denial Date:	11/19/2014
Priority:	Standard	Application Received:	12/19/2014

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: New Jersey, Michigan, California
 Certification(s)/Specialty: Neurology, Neuromuscular 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 patient is a 30-year-old man who sustained a work related injury on June 24, 2011. Subsequently, he developed chronic neck and foot/ankle pain. According to the progress report dated January 5, 2015, the patient reported constant neck pain radiating to the upper extremities. The quality of pain was described as sharp, stabbing, and throbbing. severity of symptoms were described as moderate to severe. The patient also complained of constant foot/ankle pain The quality of pain was described as sharp and stabbing. Severity of symptoms were described as moderate with significant limitations. Associated symptoms included numbness on toes. The patient medications were creating dyspepsia. The patient was told to decrease the use, take it with food, and was provided with prilosec for the symptoms. The patient was diagnosed with unspecified mononeuritis of upper limb, sprain and strain of unspecified site of knee and leg, unspecified site of ankle sprain and strain, and sprain and strain of unspecified site of foot. The provider requested authorization for Cyclobenzaprine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cycloenzaprine 7.5mg #60: Upheld

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

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

Decision rationale: According to MTUS guidelines, Cyclobenzaprine a non sedating muscle relaxants is recommended with caution as a second line option for short term treatment of acute exacerbations in patients with chronic spasm and pain. Efficacy appears to diminish over time and prolonged use may cause dependence. The guidelines do not recommend being used form more than 2-3 weeks. In this case, it was not clear if the patient has been using this medication on a regular basis. There was no documentation of objective physical examination of the neck and it is not clear if the patient. Therefore, the request for CYCLOBENZAPRINE 7.5MG #60 is not medically necessary.