

Case Number:	CM14-0213955		
Date Assigned:	12/31/2014	Date of Injury:	08/22/2011
Decision Date:	02/28/2015	UR Denial Date:	12/02/2014
Priority:	Standard	Application Received:	12/22/2014

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: Arizona, Michigan

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 injured worker is a 43 year old female who got injured on 8/22/2011. She was on top of a 10 foot ladder when she lost her balance and fell to the ground injuring her head, neck, upper extremities and low back. She is being managed for cervical, thoracic and lumbar strain. Her MRI of the cervical spine dated 9/26/13 revealed disc herniation at C5-C6 and C6-C7., the thoracic spine was within normal limits and lumbar spine revealed disc desiccation at L5-S1, some stenosis of the right neural foramen that deviates the right L5 exiting nerve root. On 11/10/2014 she followed up with her primary treating physician and it was documented that she had severe pain in the low back and right leg which were made more manageable by her medications. Her physical exam revealed normal reflex, sensory and power testing both upper and lower limbs, there was decreased reflex at the right ankle, decreased sensation on the right at S1 and decreased strength on the right at S1, straight leg testing was positive on the right, gait was antalgic, unable to toe walk on the right, there was positive cervical and lumbar tenderness with muscle spasms in the paraspinal musculature, cervical range of motion was decreased by 20% and lumbar spine range of motion was decreased by 30%. Her diagnoses include cervical and thoracic strain, disc herniation at C5-C6 and C6-C7, lumbar strain at L5-S1 with disc herniation and lumbar instability. The request is for retrospective request for Cyclobenzaprine 7.5 mg #60 with a date of service of 11/10/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for Cyclobenzaprine 7.5 mg #60 with a dos of 11/10/2014: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril) Page(s): 41-42. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), pain (chronic), cyclobenzaprine (flexeril).

Decision rationale: Per the MTUS Cyclobenzaprine is recommended as an option using a short course of therapy. The effect is greatest in the first 4 days of treatment suggesting that shorter courses may be better. Treatment should be brief, per the ODG this medication is not recommended for longer than 2-3 weeks. Therefore based on the guidelines the retrospective request for Cyclobenzaprine 7.5 mg #60 with a date of service of 11/10/2014 is not medically necessary at this time.