

Case Number:	CM15-0001861		
Date Assigned:	01/12/2015	Date of Injury:	08/22/2012
Decision Date:	03/17/2015	UR Denial Date:	12/24/2014
Priority:	Standard	Application Received:	01/05/2015

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: Pennsylvania, Ohio, California
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 59 year old female who sustained an industrial related injury on 8/22/12. The treating physician's report dated 11/12/14 noted the injured worker had complaints of right lower extremity numbness, tingling, and pain. Neck and arm pain was also noted. Muscle spasms were noted in the neck. Physical examination findings included normal reflex, sensory and power testing to bilateral upper and lower extremities except for numbness in the right C8 and T1 regions. Cervical tenderness was noted and muscle spasms were noted in the cervical paraspinal muscles. Cervical spine range of motion was decreased 25% and lumbar spine range of motion was decreased 10%. A MRI of the cervical spine obtained on 11/15/12 was noted to have revealed disc herniation at the C5-6 level. X-rays of the cervical spine obtained on 3/3/14 was noted to have revealed marked spondylosis at the C5-6 level. Diagnoses were cervical musculoligamentous sprain/strain, cervical disc herniation C5-6, and lumbar spine strain. The physician recommended cyclobenzaprine for as needed use for muscle spasms and for pain relief. On 12/30/14 the treating physician requested authorization for fexmid cyclobenzaprine 7.5mg #60. On 12/24/14 the request for fexmid cyclobenzaprine 7.5mg #60 was non-certified. The utilization review physician cited the Medical Treatment Utilization Schedule guidelines and noted it was unable to be determined if the requested medication is prescribed for chronic use or on an as needed basis. Therefore the request was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro Fexmid Cyclobenzaprine 7.5mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-64.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines The California Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines,.

Decision rationale: The California Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines, section on Muscle Relaxants/cyclobenzaprine, page 64, states that cyclobenzaprine is recommended for a short course of therapy only and the evidence does not allow for recommendation for chronic use. The prescription in this case for # 60 tablets appears to be for ongoing use. The records do not provide a rationale for an exception to the guidelines. This request is not supported by the guidelines. Therefore, this request is not medically necessary.