

Case Number:	CM15-0004576		
Date Assigned:	01/15/2015	Date of Injury:	04/17/2001
Decision Date:	03/11/2015	UR Denial Date:	12/31/2014
Priority:	Standard	Application Received:	01/08/2015

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: California
 Certification(s)/Specialty: Emergency 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 57 year old female who sustained an industrial injury reported on 4/17/2001. She has reported neck and left upper extremity complaints. The diagnoses have included alcohol dependence; cervical disc disease; right shoulder rotator cuff injury; cervical radiculopathy; and depression and anxiety. Treatments to date have included consultations; diagnostic imaging studies; left wrist surgery (5/01); sympathetic blocks; occupational therapy; a brace; spinal cord stimulator implanted (4/02) and re-implanted (3/13); and medication management. The work status classification for this injured worker (IW) was noted to be functionally impaired and dependent on opioid narcotic analgesics. On 12/10/2014 Utilization Review (UR) non-certified, for medical necessity, the request made on 12/17/2014, for Cyclobenzaprine tab 10mg, #90/30 day supply, the Medical Treatment Utilization Schedule, chronic pain medical treatment Guidelines were cited. Pain management notes, dated 12/1/2014, note that the Injured Worker is doing well on the current medication regimen which included Cyclobenzaprine 10 mg 4 times a day (QID); allowing for her to get out of bed, cook and do household chores, and states these medications afford her a >50% reduction in pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine tab 10 mg # 90/30 day supply, three times daily: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril) Page(s): 41-42.

Decision rationale: Flexeril is cyclobenzaprine, a muscle relaxant. As per MTUS guidelines, evidence show that it is better than placebo but is considered a second line treatment due to high risk of adverse events. It is recommended only for short course of treatment for acute exacerbations. There is some evidence of benefit in patients with fibromyalgia. Patient has been on this medication chronically. Patient is reportedly doing well on current regiment of flexeril, however MTUS guidelines still do not recommend regular use with other medications recommended for chronic use. The number of tablets is not consistent with short term use. Cyclobenzaprine is not medically necessary.