

Case Number:	CM15-0007443		
Date Assigned:	01/22/2015	Date of Injury:	11/26/2002
Decision Date:	03/20/2015	UR Denial Date:	12/31/2014
Priority:	Standard	Application Received:	01/13/2015

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, Washington

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 65-year-old female who reported an injury on 11/26/2002. The mechanism of injury was not provided. Her diagnoses include major depressive disorder, anxiety disorder, and pain disorder associated with both psychological factors and a general medical condition. Past treatment was noted to include medication and psychotherapy. On 12/03/2014, it was noted the injured worker was "in a lot of physical discomfort." It was noted that she was socially withdrawn and inactive. Upon physical examination, the injured worker had a depressed mood with restricted range of affect, and a severe range for depression and anxiety based on the Inventories. A request was received for Cyclobenzaprine 7.5mg #90 1 month supply without a rationale.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 7.5mg #90 1 month supply: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for Pain), Antispasmodics, Cyclobenzaprine (Flex).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 64.

Decision rationale: According to the California MTUS Guidelines, cyclobenzaprine is a muscle relaxant that is recommended for a short course of therapy and not to exceed 3 weeks. The clinical documentation submitted for review did not indicate a need for this medication, nor how long the injured worker had been on this medication. In the absence of documentation noting the duration of use and a rationale for the requested medication, the request is not supported by the evidence based guidelines. Additionally, the request does not specify frequency of use. As such, the request for Cyclobenzaprine 7.5mg #90 1 month supply is not medically necessary.