

Case Number:	CM15-0007688		
Date Assigned:	01/23/2015	Date of Injury:	10/20/2014
Decision Date:	03/20/2015	UR Denial Date:	01/05/2015
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

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 44-year-old female with a reported date of injury on 10/20/2014. The mechanism of injury is not provided. The injured worker's diagnoses include cervical spine strain/sprain with radiculitis, thoracic spine sprain/strain, lumbar spine sprain/strain with radiculitis, bilateral shoulder sprain/strain, and bilateral wrist sprain/strain. Previous treatments were noted to include physical therapy. The clinical note dated 11/14/2014 noted the injured worker had numerous subjective complaints to include pain in the neck, mid/upper back, low back, and bilateral shoulder/arms. On physical examination it was noted that there was grossly grade 2 tenderness to palpation over the cervical, thoracic, and lumbar spine, and there was restricted range of motion in the cervical and lumbar spine. Examination of the bilateral shoulders revealed grade 2 tenderness to palpation over the right shoulder, and grade 3 tenderness to the left shoulder. It was also noted there was restricted range of motion bilaterally and impingement test was positive. Under the treatment plan, the physician was recommending prescribing medications to include Motrin, cyclobenzaprine, FluriFlex, and TGHOT. There was no rationale provided within the documentation for the requested cyclobenzaprine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 7.5mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Cyclobenzaprine Page(s): 41, 64.

Decision rationale: According to the California MTUS, cyclobenzaprine has been shown to be more effective than placebo in the management of back pain. However, the effect of the medication is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. Therefore, the guidelines recommend the medication not to be used longer than 2 to 3 weeks. There was a lack of symptomatology and objective exam findings such as muscle spasms that would support the use of this requested muscle relaxant. In addition, it remains unclear how long the injured worker has been taking this medication and the request as provided exceeds the treatment recommendations of duration of use. Furthermore, there is no rationale provided for this requested medication. Therefore, the request for Cyclobenzaprine 7.5mg #60 is not medically necessary.