

Case Number:	CM15-0009971		
Date Assigned:	01/21/2015	Date of Injury:	12/09/2009
Decision Date:	03/24/2015	UR Denial Date:	01/15/2015
Priority:	Standard	Application Received:	01/16/2015

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, Arizona

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 52-year-old female who reported injury on 12/09/2009. The mechanism of injury was unspecified. Her other diagnoses include myalgia and myositis. Her past treatments included medications and brace. On 09/19/2014, the injured worker continued to have pain complaints rated 6/10 to 9/10. The physical examination of the cervical spine revealed decreased range of motion with pain; lumbar spine range of motion was also indicated to be decreased. There was noted tenderness to palpation over the cervical, thoracic, and lumbar spine, including the shoulders. The injured worker also was indicated to have a straight leg raise; positive Yeoman's test; positive Finkelstein's bilaterally in the wrist; and decreased range of motion of the ulnar deviation. Relevant medications were noted to include cyclobenzaprine, Lidoderm patches, Neurontin, and Dulcolax. The treatment plan included cyclobenzaprine 7.5 mg. A rationale was not provided. A Request for Authorization form was not submitted for review.

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 Muscle Relaxants. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)-TWC

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-66.

Decision rationale: The request for cyclobenzaprine 7.5 mg #60 is not medically necessary. According to the California MTUS Guidelines, they recommend non-sedating muscle relaxants with caution as a second line option for short term treatment of acute exacerbations in patients with chronic low back pain. It is also indicated that efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependency. The injured worker was indicated to have been on cyclobenzaprine for an unspecified duration of time. However, there was lack of documentation to indicate the medication would be used for short term, and a clear rationale for use is not provided. In addition, there was lack of documentation indicating the injured worker had significant muscle spasms. Therefore, the request is not supported by the evidence based guidelines. As such, the request is not medically necessary.