

Case Number:	CM15-0101057		
Date Assigned:	06/03/2015	Date of Injury:	07/23/2007
Decision Date:	07/09/2015	UR Denial Date:	04/27/2015
Priority:	Standard	Application Received:	05/26/2015

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 62 year old male who sustained an industrial injury on 07/23/2007. Treatment provided to date has included: physical therapy; medications, and bilateral carpal tunnel release. No diagnostic testing was noted. There were no noted previous injuries or dates of injury, and no noted comorbidities. On 04/17/2015, physician progress report noted complaints of ongoing back pain and bilateral wrist pain. Pain was rated as 7 (0-10) on 03/17/2015, but no pain rating was provided on the current exam. Additional complaints include psych and sleep issues. The progress report within the submitted medical records was difficult to decipher; therefore, other reports were used to determine the details of the current condition. The physical exam revealed limited range of motion in the lumbar spine, positive straight leg raises, right leg pain with spasms in the lumbar spine and diminished sensation in the left 4th finger. The provider noted diagnoses of status post bilateral carpal tunnel release, lumbosacral radiculitis, rule out lumbar spine dis displacement, lumbar spine stenosis, and cubital tunnel syndrome with left ulnar nerve entrapment. According to the clinical notes, previous progress reports document that the injured worker has been taking muscle relaxant medications since at least 11/18/2014, and there has been no documented decrease in pain severity ratings and all progress reports have noted that "the injured worker's condition is the same". The injured worker was noted to be permanent and stationary Plan of care includes cyclobenzaprine. Requested treatments include: cyclobenzaprine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 10mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain).

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

Decision rationale: MTUS recommends the use of non-sedating muscle relaxants for short-term use only. This guideline recommends Cyclobenzaprine/Flexeril only for a short course of therapy. The records in this case do not provide an alternate rationale to support longer or ongoing use. This request is not medically necessary.