

Case Number:	CM15-0131190		
Date Assigned:	07/17/2015	Date of Injury:	04/27/2014
Decision Date:	08/14/2015	UR Denial Date:	06/25/2015
Priority:	Standard	Application Received:	07/07/2015

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, 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 30-year-old female who sustained an industrial injury on 4/24/14. She had complaints of neck and back pain. Primary treating physician's progress report dated 5/7/15 reports continued complaints of neck and lower back pain. The neck pain is moderate, aching and radiates to the right side into the shoulder and is rated 4/10. At times, her right fingers and hand go numb. Lower back pain is central, right sided, aching, throbbing and radiates into the right buttock and lateral thigh, rated 5/10. The pain is made worse with activity, prolonged sitting and standing and made better with medication, rest and stretching. Diagnoses include cervicalgia, cervical disc syndrome, cervical myofascitis, lumbar disc bulging, lumbar muscle spasms and lumbar myofascitis. Plan of care includes request authorization for pain management consultation possibly therapeutic injections and epidural injections, medications refilled; meloxicam 7.5 mg 1 twice per day, cyclobenzaprine 7.5 mg 1 at night up to three times per day and omeprazole 20 mg 1 twice per day. Work status: maximum lift or carry 15 pounds, avoid bending or twisting at the waist, limit prolonged sitting or standing to 30 minutes continuously with frequent position changes or activity changes as needed for comfort and limit repetitive motion tasks to as tolerated. Follow up in 6 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 7.5mg take one tablet every 8hrs #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants.

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

Decision rationale: Regarding the request for cyclobenzaprine, Chronic Pain Medical Treatment Guidelines support the use of non-sedating muscle relaxants to be used with caution as a 2nd line option for the short-term treatment of acute exacerbations of pain. Guidelines go on to state that cyclobenzaprine specifically is recommended for a short course of therapy. Within the documentation available for review, there is no identification of a specific analgesic benefit or objective functional improvement as a result of the cyclobenzaprine. Additionally, it does not appear that this medication is being prescribed for the short-term treatment of an acute exacerbation, as recommended by guidelines. Given this, the current request is not medically necessary.