

Case Number:	CM15-0131230		
Date Assigned:	07/17/2015	Date of Injury:	07/22/2005
Decision Date:	09/09/2015	UR Denial Date:	06/03/2015
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: New York

Certification(s)/Specialty: Internal Medicine

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 60 year old male injured worker suffered an industrial injury on 7/22/2005. The diagnoses included discogenic cervical conditions, impingement syndrome of the right shoulder, right epicondylitis, radial and carpal tunnel syndrome on the right with surgical release and chronic pain syndrome. The treatment included medications and trigger point injections. On 5/27/2015 the treating provider reported persistent neck pain/stiffness and spasms with associated pain in the left side of the neck into the head. He had been having sudden worsening headaches. He reported that the elbows had been doing better although the wrists and fingers had increased pain with numbness, tingling and weakness in the hands. On exam there was tenderness along the upper back. The injured worker had/not returned to work. The requested treatments included Cyclobenzaprine 10 mg, sixty count.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 10 mg, sixty count: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines muscle relaxants Page(s): 63-65.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines recommended oral muscle relaxants for a short course 2 to 3 weeks for acute neck and back conditions or for acute exacerbations and any repeated use should be contingent on evidence of specific prior benefit. Efficacy diminished overtime and prolonged use may lead to dependence. The preference is for non-sedating muscle relaxants. There are also indications for post-operative use. The documentation provided indicated that Flexeril had been used for at least 5 months for muscle spasms without evidence of functional improvement or prior benefit. Therefore (Cyclobenzaprine) Flexeril was not medically necessary.