

Case Number:	CM15-0135175		
Date Assigned:	07/23/2015	Date of Injury:	12/03/2013
Decision Date:	08/25/2015	UR Denial Date:	07/06/2015
Priority:	Standard	Application Received:	07/13/2015

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: Preventive Medicine, Occupational 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:

This injured worker is a 39 year old male who reported an industrial injury on 12/3/2013. His diagnoses, and or impression, were noted to include: cervical spine sprain/strain; right knee meniscal tear, status-post arthroscopy; right elbow contusion; No current imaging studies were noted. His treatments were noted to include medication management; and rest from work. The progress notes of 6/17/2015 noted a follow-up visit with reports of unchanged, persistent, intermittent, moderate-severe neck pain that radiated into the bilateral upper extremities and back, that was made worse by weather and activities, and made better with rest and medications. Objective findings were noted to include no acute distress; dizziness; and tenderness, spasms and limited range-of-motion in the cervical spine. The physician's requests for treatments were noted to include Tramadol and Flexeril.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril (Cyclobenzaprine) 5 mg, #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine Section, Muscle Relaxants (for pain) Section Page(s): 41, 42, 63, 64.

Decision rationale: Cyclobenzaprine is recommended by the MTUS Guidelines for short periods with acute exacerbations, but not for chronic or extended use. These guidelines report that the effect of cyclobenzaprine is greatest in the first four days of treatment. Cyclobenzaprine is associated with drowsiness and dizziness. Chronic use of cyclobenzaprine may cause dependence, and sudden discontinuation may result in withdrawal symptoms. Discontinuation should include a tapering dose to decrease withdrawal symptoms. This request however is not for a tapering dose. In this case, there is no documentation of an acute flare-up of pain, therefore, the request for Flexeril (Cyclobenzaprine) 5 mg, #60 is determined to not be medically necessary.