

Case Number:	CM15-0138495		
Date Assigned:	07/28/2015	Date of Injury:	03/19/2011
Decision Date:	08/26/2015	UR Denial Date:	07/06/2015
Priority:	Standard	Application Received:	07/16/2015

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
 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:

The injured worker (IW) is a 49-year-old female who sustained an industrial injury 3-19-11. Diagnoses/impressions include cervical degenerative disc disease; bilateral upper extremity overuse syndrome; and myofascial pain. Treatment to date has included medications, home exercise, TENS unit and paraffin bath. She also had psychological care. According to the progress notes dated 6-24-15, the IW reported numbness in the bilateral upper extremities, left greater than right; she stated the numbness was getting worse over the past year. She also reported constant neck and bilateral upper extremity pain rated 8-9 out of 10, greater on the left. She related the bilateral upper extremities and fingers feel stiff and hard. On examination muscle strength of the upper extremities was 4 over 5. There was tenderness to palpation in the cervical region and decreased extension and rotation. Sensation was decreased, greater on the left. The TENS unit was beneficial. A request was made for Cyclobenzaprine 7.5mg, #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 7.5mg #90 (DOS 6/24/2015): 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): 64.

Decision rationale: MTUS Guidelines are very specific with the recommendation that Cyclobenzprine be limited to 3 weeks use on a regular basis. If it's highly beneficial occasional limited use during acute flare-ups is supported. However, this appears to be prescribed for daily use on a long term basis which is not Guideline supported under any circumstances. The Cyclobenzaprine 7.5mg #90 (DOS 6/24/2015) is/was not supported by Guidelines and is/was not medically necessary.