

Case Number:	CM15-0148659		
Date Assigned:	08/11/2015	Date of Injury:	08/24/2007
Decision Date:	09/09/2015	UR Denial Date:	07/09/2015
Priority:	Standard	Application Received:	07/31/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 is a 53 year old female, who sustained an industrial injury on 8-24-2007. The mechanism of injury is unknown. The injured worker was diagnosed as having an anterior cervical discectomy and fusion of cervical 5-7 in 2007 and revision and posterior fusion in 2008. There is no record of a recent diagnostic study. Treatment to date has included surgery, injections, nerve blocks, therapy and medication management. In a progress note dated 6-26-2015, the injured worker complains of suprascapular pain and trapezius muscle spasm and pain rated 7 out of 10 and increased muscle spasm. Physical examination showed limited cervical range of motion, mild swelling of all digits, painful trapezius and muscle spasm in trapezius bilaterally. The treating physician is requesting Cyclobenzaprine (Flexeril) 10 mg tablet #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine (Flexeril) 10mg tablet #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril) Page(s): 41-42 and page 64.

Decision rationale: Cyclobenzaprine (Flexeril) 10mg tablet #30 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines state that Cyclobenzaprine is not recommended to be used for longer than 2-3 weeks. The documentation indicates that the patient has already been on Cyclobenzaprine. There are no extenuating circumstances documented that would necessitate continuing this medication beyond the 2-3 week period. The request for Cyclobenzaprine is not medically necessary.