

Case Number:	CM15-0185699		
Date Assigned:	09/25/2015	Date of Injury:	02/28/2008
Decision Date:	11/02/2015	UR Denial Date:	08/27/2015
Priority:	Standard	Application Received:	09/21/2015

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: Arizona, California
 Certification(s)/Specialty: Family Practice

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 49-year-old female, who sustained an industrial injury on 2-28-08. The injured worker is undergoing treatment for rotator cuff sprain-strain, cervical disc degeneration, cervical disc replacement and brachial neuritis or radiculitis not otherwise specified. Medical records dated 8-21-15 indicate the injured worker complains of abdominal pain described as aching, shooting and throbbing and radiating to the right thigh and rated 7 out of 10. The treating physician indicates, "Quality of sleep is poor. Pain level has decreased since last visit." She reports medication helps and side effects include dizziness, nausea and vomiting. Exam dated 7-17-15 indicates abdominal pain rated 4 out of 10. Exam dated 4-9-15 indicates abdominal pain is rated 6 out of 10. Physical exam dated 8-21-15 notes antalgic gait, there is decreased cervical and right shoulder range of motion (ROM). There is right hip tenderness to palpation with decreased painful range of motion (ROM) and decreased strength. Treatment to date has included x-ray, psychology treatment, cyclobenzaprine, Tramadol, omeprazole, Terocin patch, Gabapentin, Tylenol Famotidine and Lidopro ointment. The original utilization review dated 8-28-15 indicates the request for Tylenol ER 500mg #60, Gabapentin 600mg #90 and Famotidine 20mg #30 is certified and cyclobenzaprine 7.5mg #30 is non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 7.5mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment, and Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Cyclobenzaprine (Flexeril).

Decision rationale: According to the MTUS guidelines, Cyclobenzaprine (Flexeril) is more effective than placebo for back pain. It is recommended for short course therapy and has the greatest benefit in the first 4 days suggesting that shorter courses may be better. Those with fibromyalgia were 3 times more likely to report overall improvement, particularly sleep. Treatment should be brief. There is also a post-op use. The addition of Cyclobenzaprine to other agents is not recommended. The claimant had been on Flexeril for several months with increasing baseline pain scores. Reduction with use of medications is unknown. Continued use of Flexeril (Cyclobenzaprine) is not medically necessary.