MAXIMUS Federal Services

Case Number:	CM15-0197018		
Date Assigned:	10/12/2015	Date of Injury:	02/27/2014
Decision Date:	11/20/2015	UR Denial Date:	09/30/2015
Priority:	Standard	Application Received:	10/06/2015

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: Utah, Arkansas
Certification(s)/Specialty: Family Practice, Sports 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 23-year-old male who sustained an industrial injury on 2-27-14. A review of the medical records indicates he is undergoing treatment for cerebral contusion-concussion, posttraumatic cephalgia, cervical radiculopathy, interscapular and right shoulder sprain and strain, cognitive problems, emotional distress, ad sleep impairment. Medical records (5-20-15 to 8-19-15) indicate ongoing complaints of intermittent headaches, neck, and right shoulder pain. He rates his pain "4 out of 10". He reports "stiffness" in his neck that radiates into the right arm with numbness, tingling, and weakness. The injured worker also reports feelings of irritability, anxiety, difficulty sleeping, frustration, decreased patience, and decreased appetite. He reports "problems with activities of daily living due to his headaches and pain". He underwent a neurology consultation on 8-19-15. The physical exam reveals a decreased attention span. The treating provider states, "He couldn't do serial sevens". The exam of cranial nerves indicated that in cranial nerve V, sensation was decreased at the right side of his face, greater at V1 than V2 and V3 branches of the trigeminal nerve. The motor exam shows "no evidence of disuse or localized atrophy". The sensory exam reveals sensation is decreased at the right torso. The treating provider indicates, "sensation was decreased at the right ventromedial arm and right hyothenar region". Romberg test is positive. Cervical, right shoulder, and right wrist tenderness is noted. Tinel's sign is negative at the elbows and wrists. The straight leg raising was "60 degrees bilaterally". Deep tendon reflexes are noted to be "hypoactive throughout". Diagnostic studies have included an MRI of the cervical spine and an MRI of the brain. The treatment recommendations are for an ENG-videonystagmogram, and electroencephalogram, and EMG-NCV study, and a prescription for Flexeril 7.5mg at bedtime and Naproxen twice daily with food. The utilization review (9-30-15) includes requests for authorization of Naproxen 550mg #60 and Cyclobenzaprine 7.5mg #60. The Naproxen was authorized. Cyclobenzaprine was modified to a quantity of 30 for weaning.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 7.5mg #60, dispensed: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

Decision rationale: MTUS guidelines state the following: muscle relaxants are indicated for as an option for use in short course of therapy. Efficacy is greatest in the first four days of treatment with this medication. MTUS states that treatment course should be brief. It is recommended to be used no longer than 2-4 weeks. According to the clinical documents, the muscle relaxant requested is not being used for short-term therapy. According to the clinical documentation provided and current MTUS guidelines, Flexeril is not indicated as medical necessity to the patient at this time.