

Case Number:	CM15-0202177		
Date Assigned:	10/19/2015	Date of Injury:	01/19/2010
Decision Date:	12/01/2015	UR Denial Date:	10/01/2015
Priority:	Standard	Application Received:	10/14/2015

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:

This injured worker is a 54 year old female, who sustained an industrial injury on 01-10-2010. The injured worker was diagnosed as having lumbar disc displacement without myelopathy, pain in joint shoulder and pain in joint pelvis thigh and depression with anxiety. On medical records dated 09-22-2015, the subjective complaints were noted as chronic neck, back, left shoulder, bilateral wrists and left knee pain. Pain medication decreased pain by 30%. Objective findings were noted as antalgic gait. Treatments to date included functional restoration program and medication. The injured worker was noted to be permanent and stationary. Current medications were listed as Nabumetone, Nucynta, Cyclobenzaprine (since at least 3-24-2015) and Voltaren gel, Topamax, Topiramate, Lunesta, Abilify, Phentermine and Venlafaxine HCL. The Utilization Review (UR) was dated 10-01-2015. A Request for Authorization was submitted. The UR submitted for this medical review indicated that the request for Cyclobenzaprine 5 mg Qty: 102 were non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 5 mg Qty:102: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

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

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; Cyclobenzaprine is not indicated a medical necessity to the patient at this time. Therefore, the requested treatment is not medically necessary.