

Case Number:	CM15-0205848		
Date Assigned:	10/22/2015	Date of Injury:	10/27/2014
Decision Date:	12/10/2015	UR Denial Date:	09/24/2015
Priority:	Standard	Application Received:	10/20/2015

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: Massachusetts

Certification(s)/Specialty: Anesthesiology, Pain Management

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 38 year old male with an industrial injury dated 10-27-2014. A review of the medical records indicates that the injured worker is undergoing treatment for cervical sprain and strain, left shoulder , gastritis and ulcer, right shoulder sprain and strain, left elbow possible ulnar neuropathy, lumbar degenerative disc disease and myofascial pain. According to the progress notes dated 09-03-2015, 09-14-2015, 9-22-2015, the injured worker reported neck, shoulder and upper extremity pain, bilaterally. The pain radiates down to the bilateral upper extremity with tingling sensation in the arms and 3-5th digit numbness. Medications include Gabapentin, Omeprazole, Cyclobenzaprine (since at least July of 2015) and Toradol. Pain level was 8 out of 10 on a visual analog scale (VAS), unchanged from previous visit. Objective findings (08-03, 2015, 09-03-2015, 09-14-2015, 9-22-2015) revealed tenderness to palpitation in the cervical and lumbar PSM and decreased cervical, shoulder and lumbar range of motion. Treatment has included diagnostic studies, prescribed medications, transcutaneous electrical nerve stimulation (TENS) unit, cervical epidural steroid injection (ESI) on 7-15-2015 with minimal improvement and periodic follow up visits. The utilization review dated 09-24-2015, modified the request for Cyclobenzaprine 7.5mg #20 (original #60), no refills to taper off.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 7.5mg #20, no refills to taper off: 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: Accordingly to the MTUS, current treatment guidelines recommend this medication is an option for chronic pain using a short course of therapy. The effect of Flexeril is great in the first four days of treatment, suggesting a shorter course as many better. This medication is not recommended as an addition to other medications. Longer course of Flexeril also are not recommended to be for longer than 2 to 3 weeks as prolonged use may lead to dependence. According to the records, the injured worker has been taking his medication chronically. Therefore, at this time, the requirements for treatment have not been met and medical necessity has not been established.