

Case Number:	CM15-0020077		
Date Assigned:	02/09/2015	Date of Injury:	09/12/2012
Decision Date:	05/12/2015	UR Denial Date:	01/08/2015
Priority:	Standard	Application Received:	02/03/2015

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: Texas, Florida, California
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 32 year old female who sustained an industrial injury on 09/12/12. Initial complaints and diagnose are not available. Treatments to date include medications. Diagnostic studies are not addressed. Current complaints include severe left shoulder, arm, and hand pain, left neck pain, headaches, stomach pain and constipation. Current diagnoses include complex regional pain syndrome, left upper extremity, left cervical sprain, left shoulder adhesive capsulitis, left lateral epicondylitis, and headaches. In a progress note dated 12/18/14 the treating provider report the plan of care as medications including hydrocodone, Maxalt, Dendracin, pain relief lotion, Fexmid, Lidoderm, and Zofran. The requested treatment is cyclobenzaprine.

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 ACOEM Page(s): Second Edition (2004), Chapter 6, page 115, Chronic Pain Treatment Guidelines Page(s): 78, 67-68, 112, 63-64. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 12th Edition (web), 2014 Pain Chapter Ondansetron (Zofran); Head Chapter, Rizatriptan (Maxalt) Procomycin (n.d.) Retrieved January 7, 2015, from <http://dailymed.nlm.nih.gov/dailymedsearch.cfmlabeltype=all&query=procomycin>.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MTUS 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 41-42 of 127.

Decision rationale: The MTUS recommends Flexeril (cyclobenzaprine) for a short course of therapy. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. Treatment should be brief. The addition of cyclobenzaprine to other agents is not recommended. In this case, there has been no objective functional improvement noted in the long-term use of Flexeril in this claimant. Long-term use is not supported. Also, it is being used with other agents, which also is not clinically supported in the MTUS. Therefore, the requested medical treatment is not medically necessary.