

Case Number:	CM15-0040008		
Date Assigned:	03/10/2015	Date of Injury:	09/30/2010
Decision Date:	04/14/2015	UR Denial Date:	02/06/2015
Priority:	Standard	Application Received:	03/03/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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 41 year old female, who sustained an industrial injury on September 30, 2010. She has reported neck pain, lower back pain, bilateral shoulder pain, and bilateral wrist pain. Diagnoses have included neck sprain/strain, lumbar spine disc displacement, lumbar spine sprain/strain, right and left shoulder myoligamentous injury, and bilateral carpal tunnel syndrome. Treatment to date has included medications and a transcutaneous electrical nerve stimulation unit. A progress note dated January 28, 2015 indicates a chief complaint of neck pain with numbness, tingling and muscle spasms with pain radiating to the bilateral arms, lower back pain radiating to the left leg, bilateral shoulder pain and bilateral wrist pain. The treating physician documented a plan of care that included medications, therapy, chiropractic treatment, diagnostic studies, and bilateral wrist braces.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 7.5mg quantity 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Cyclobenzaprine (Flexeril), p41 (2) Muscle relaxants, p63 Page(s): 41-63.

Decision rationale: The claimant is more than 4 years status post work-related injury and continues to be treated for chronic radiating neck and low back pain and bilateral shoulder and wrist pain. Cyclobenzaprine is closely related to the tricyclic antidepressants. It is recommended as an option, using a short course of therapy and there are other preferred options when it is being prescribed for chronic pain. Although it is a second-line option for the treatment of acute exacerbations in patients with muscle spasms, short-term use only of 2-3 weeks is recommended. In this case, the quantity being prescribed is consistent with long term use and was therefore not medically necessary.