

Case Number:	CM15-0055812		
Date Assigned:	04/01/2015	Date of Injury:	05/28/1997
Decision Date:	05/01/2015	UR Denial Date:	03/18/2015
Priority:	Standard	Application Received:	03/24/2015

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: New York
 Certification(s)/Specialty: Internal 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 59 year old female, who sustained an industrial injury on May 28, 1997. The injured worker was diagnosed as having displacement of cervical intervertebral disc without myelopathy, cervical postlaminectomy syndrome, and neck pain. She is status post cervical 5-6 and cervical 6-7 discectomy and fusion with plating in 2000. Treatment to date has included a home exercise program, cervical epidural steroid injection, urine drug screening, and topical pain, muscle relaxant, and non-steroidal anti-inflammatory medications. On February 12, 2015, the injured worker complains of continued neck pain, worse on the left than the right, posterior headaches, and bilateral upper extremities numbness and tingling involving the first two digits. The physical exam revealed tenderness of the cervical paraspinous, trapezius, and levator scapulae muscles. There was tenderness of the bony landmarks, the lateral pillars, is positive for significant tenderness in the left cervical 2-3 and cervical 3-4 region, which reproduced her headache. There was decreased sensation in the bilateral upper extremities in the cervical 6 distribution to the first two digits. Jamar Dynamometer grip strength on the right: 24, 21, 19 and the left: 23, 26, and 25. The treatment plan includes continuing her current muscle relaxant.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Prescription of Cyclobenzaprine 10mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 41.

Decision rationale: According to the reviewed literature, Flexeril (Cyclobenzaprine) is not recommended for the long-term treatment of chronic pain. This medication has its greatest effect in the first four days of treatment. According to CA MTUS Guidelines, muscle relaxants are not considered any more effective than nonsteroidal anti-inflammatory medications alone. In this case, there are no muscle spasms documented on physical exam. There is no documentation of functional improvement from any previous use of this medication. Based on the currently available information, the medical necessity for this muscle relaxant medication has not been established. The requested medication is not medically necessary.