MAXIMUS Federal Services

Case Number:	CM15-0060667		
Date Assigned:	04/06/2015	Date of Injury:	08/29/2006
Decision Date:	05/05/2015	UR Denial Date:	03/06/2015
Priority:	Standard	Application Received:	03/30/2015

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: 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 55-year-old female, who sustained an industrial injury on 8/29/2006. The medical records submitted for this review did not include details regarding the initial injury and prior treatments to date. Diagnoses include cervical discopathy with radiculitis, status post right shoulder arthroscopy, right shoulder impingement, cubital tunnel syndrome, lumbar discopathy with radiculitis and right knee internal derangement. Currently, she complained of increasing pain to the neck with right upper extremity numbness and tingling, right elbow pain, right wrist pain, low back pain, and bilateral shoulder pain. On 1/26/15, the physical examination documented numbness and tingling at C6-7 dermatome. There was palpable paravertebral muscle tenderness with spasm. The plan of care included continued medication therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine Hydrochloride 7.5mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 64.

Decision rationale: The medical records supplied for review did not indicate whether the patient had been prescribed Cyclobenzaprine Hydrochloride in the past. The Chronic Pain Treatment Guidelines do not recommend long-term use of muscle relaxants. The patient's injury is 9 years old. There is no documented functional improvement from any previous use in this patient. The MTUS also state that muscle relaxants are no more effective than NSAID's alone. The patient has been prescribed a quantity of cyclobenzaprine that greater than the amount necessary for a 2-3 week course recommended by the MTUS. Based on the currently available information, the medical necessity for this muscle relaxant medication has not been established.Cyclobenzaprine Hydrochloride 7.5mg #120 is not medically necessary.