

Case Number:	CM15-0060890		
Date Assigned:	04/07/2015	Date of Injury:	06/29/2006
Decision Date:	05/06/2015	UR Denial Date:	03/23/2015
Priority:	Standard	Application Received:	03/31/2015

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 58 year old female who sustained an industrial injury on 6/29/2006. Her diagnoses, and/or impressions, include: cervical disc disease; cervical radiculopathy; lumbar disc disease; and lumbar radiculopathy with facet syndrome. A recent, 9/4/2014, magnetic resonance imaging study of the lumbar spine, and a, 9/2/2014, magnetic resonance imaging study of the cervical spine were stated. Nerve conduction studies of the bilateral lower extremities are noted on 9/26/2014. Her treatments have included a formal pain management evaluation on 12/9/2014; physical therapy; chiropractic treatment; home exercise program; and medication management. The pain management progress notes of 9/23/2014, notes mild radiating cervical pain into the bilateral shoulders; moderate-severe, non-radiating thoracic pain; and severe, radiating lumbar pain into the right hip. The physician's requests for treatments included Cyclobenzaprine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 7.5mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain).

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 has a remote history of a work-related injury and continues to be treated for neck, thoracic spine, and low back 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.