MAXIMUS Federal Services

Case Number:	CM15-0087997		
Date Assigned:	07/16/2015	Date of Injury:	09/24/2007
Decision Date:	09/10/2015	UR Denial Date:	04/07/2015
Priority:	Standard	Application Received:	05/07/2015

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: Arizona, Michigan
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 60 year old female who sustained an industrial injury on 08/24/2007. Current diagnoses include neck pain and bilateral upper extremity pain. Previous treatments included medications, cervical injections, and surgical intervention. Previous diagnostic studies include cervical spine x-rays and cervical MRI dated 03/12/2015. Initial injuries occurred to the neck due to repetitive motion. Report dated 03/19/2015 noted that the injured worker presented with complaints that included 24/7 neck pain and bilateral upper extremity pain. Pain level was 3-4 (with medications) and 8 (without medications) out of 10 on a visual analog scale (VAS). Physical examination was positive for deep tendon reflexes, slight neck tenderness, and bilateral arm tenderness. The treatment plan included prescribing Methadone and Prilosec, and follow up in 6 weeks. Current work status was not included. Disputed treatments include cyclobenzaprine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine HCL (hydrochloride) 10mg, #90 with 4 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants for pain, and Antispasmodics-Cyclobenzaprine (Flexeril) Page(s): 63, 64.

Decision rationale: The California MTUS chronic pain medical treatment guidelines provide specific guidelines for the use of muscle relaxants. "Recommendation is for a short course of therapy. Limited, mixed-evidence does not allow for a recommendation for chronic use. Flexeril is not recommended to be used for longer than 2-3 weeks." Documentation provided did not indicate how long the cyclobenzaprine has been prescribed or what benefits the injured worker receives with the use of cyclobenzaprine. In addition, the report dated 03/19/2015 did not include the request for cyclobenzaprine or a rational for its use. Therefore, the request for cyclobenzaprine HCL (hydrochloride) 10mg, #90 with 4 refills is not medically necessary.