

Case Number:	CM15-0088279		
Date Assigned:	05/12/2015	Date of Injury:	05/31/2007
Decision Date:	06/19/2015	UR Denial Date:	04/21/2015
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: California

Certification(s)/Specialty: Family Practice

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 43 year old female, who sustained an industrial injury on 05/31/2007. The injured worker is currently permanent and stationary. The injured worker is currently diagnosed as having chronic cervicalgia, cervical degenerative disc disease, bilateral cervical radicular symptoms, pain related insomnia, carpal tunnel syndrome status post bilateral carpal tunnel releases, and situational depression/anxiety. Treatment and diagnostics to date has included aquatic exercises, Transcutaneous Electrical Nerve Stimulation Unit, cervical spine surgeries, computed tomography of the cervical spine, and medications. In a progress note dated 04/07/2015, the injured worker presented with complaints of chronic neck pain with radicular symptoms to her bilateral upper extremities. Objective findings include slight tenderness to palpation at T1. The treating physician reported requesting authorization for Cyclobenzaprine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzprine HCL 10 mg #20: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants for chronic pain Page(s): 63-65.

Decision rationale: This patient receives treatment for chronic neck and upper extremity pain. The patient has "failed neck" syndrome, having had a cervical laminectomy. The patient has become opioid dependent, receiving two opioids for chronic pain. Documentation presented report tenderness on palpation at the level of T1 posteriorly. This review addresses a request for cyclobenzaprine. Cyclobenzaprine is a muscle relaxer, which may be medically indicated for the short-term management of acute muscle spasm as a second-line agent. Using cyclobenzaprine over the long-term (more than 2-3 weeks) is not recommended. Side effects include sedation and medication dependence. Cyclobenzaprine is not medically necessary.