

Case Number:	CM15-0088717		
Date Assigned:	05/12/2015	Date of Injury:	04/25/2011
Decision Date:	06/12/2015	UR Denial Date:	04/10/2015
Priority:	Standard	Application Received:	05/08/2015

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 Jersey, Alabama, California
 Certification(s)/Specialty: Neurology, Neuromuscular 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 36 year old female who sustained a work related injury April 25, 2011. According to a primary treating physician's progress report, dated March 25, 2015, the injured worker presented with intermittent pain in the cervical spine, rated 7/10, characterized as dull and associated with headaches that are migraine like in nature, as well as tension between the shoulder blades. There is frequent low back pain, rated 5/10, characterized as sharp, with radiation into the left lower extremities. Diagnoses are lumbago and cervicgia s/p ACDF (anterior cervical disectomy and fusion) with retained symptomatic hardware. Treatment plan included a discussion over possible surgery to remove cervical hardware. At issue, a request for authorization of Cyclobenzaprine Hydrochloride.

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: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63.

Decision rationale: According to MTUS guidelines, Cyclobenzaprine a non sedating muscle relaxants is recommended with caution as a second line option for short term treatment of acute exacerbations in patients with chronic spasm and pain. Efficacy appears to diminish over time and prolonged use may cause dependence. The guidelines do not recommend to be used for more than 2-3 weeks. The patient in this case does not have clear recent evidence of spasm and the prolonged use of Cyclobenzaprine is not justified. Therefore, the request for Cyclobenzaprine Hydrochloride 7.5mg #120 is not medically necessary.