

Case Number:	CM13-0032314		
Date Assigned:	12/11/2013	Date of Injury:	04/02/2003
Decision Date:	02/06/2014	UR Denial Date:	09/20/2013
Priority:	Standard	Application Received:	10/08/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Occupational Medicine, and is licensed to practice in California. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 applicant is a represented [REDACTED] employee, who has filed a claim for chronic low back pain, chronic neck pain, and headaches associated with an industrial injury that took place on April 2, 2003. Thus far, the applicant has been treated with analgesic medications, adjuvant medications, unspecified amounts of chiropractic manipulative therapy, and transfer of care to and from various providers in various specialties. The applicant left her former employer, and took a position with [REDACTED], [REDACTED], according to a report dated November 2, 2012. She states that she is functioning well at her job on that date. A chronic pain consultation dated September 6, 2013 states that the applicant reports chronic neck pain status post fusion surgery and carpal tunnel syndrome surgery. She has been treated with physical therapy, and is on Norco, Neurontin, and Flexeril. A cervical MRI, gym membership, acupuncture, and medications are refilled while the applicant has reportedly returned to regular duty work.

IMR ISSUES, DECISIONS AND RATIONALES

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

45 Cyclobenzaprine 10mg with one refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

Decision rationale: As noted on page 41 of the MTUS Chronic Medical Treatment Guidelines, the addition of Cyclobenzaprine (Flexeril) to other agents is not recommended. In this case, the applicant is using other agents, including Norco and Neurontin, with good effect. She has returned to regular work, albeit in an alternate occupation. Adding Cyclobenzaprine to the mix is not recommended. Therefore, the request is not certified.