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| Case Number: | CM14-0101481 | | |
| Date Assigned: | 07/30/2014 | Date of Injury: | 01/24/2011 |
| Decision Date: | 10/23/2014 | UR Denial Date: | 06/23/2014 |
| Priority: | Standard | Application Received: | 07/01/2014 |

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. The expert 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 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/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 neck pain, shoulder pain, mid back pain, and depression reportedly associated with an industrial injury of January 24, 2011. Thus far, the applicant has been treated with the following: Analgesic medications; unspecified amounts of physical therapy; opioid therapy; work restrictions; and unspecified amounts of acupuncture. In a Utilization Review Report dated June 23, 2014, the claims administrator approved a request for oxycodone while denying a request for cyclobenzaprine. The applicant's attorney subsequently appealed. In a progress note dated December 17, 2013, the applicant reported persistent complaints of neck and shoulder pain. It was stated that the applicant last worked in May 2011. It was stated that the applicant has had 12 sessions of physical therapy and 16 sessions of acupuncture. The applicant was using oxycodone, cyclobenzaprine, metformin, Protonix, Zestril, and Zoloft, it was stated. Multiple medications were refilled, including both the articles at issue, namely oxycodone and cyclobenzaprine. The applicant was again given work restrictions, which were apparently resulting in her removal from the workplace. In a June 3, 2014, progress note the applicant stated that she was discouraged in regards to returning to work. The applicant stated Flexeril 7.5 mg had proven ineffectual. Oxycodone was apparently issued. Cyclobenzaprine was endorsed at a heightened dose of 10mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine HCL 7.5mg, #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants(for pain) Page(s): 63-66.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine topic. Page(s): 41.

Decision rationale: As noted on page 41 of the MTUS Chronic Pain Medical Treatment Guidelines, the addition of cyclobenzaprine to other agents is not recommended. In this case, the applicant is using a variety of other agents, both opioid and non-opioid, including oxycodone, Zoloft, Zestril, metformin, etc. Adding cyclobenzaprine (Fexmid) to the mix is not recommended. Therefore, the request was not medically necessary.