

Case Number:	CM14-0120581		
Date Assigned:	08/06/2014	Date of Injury:	02/10/2010
Decision Date:	09/30/2014	UR Denial Date:	07/29/2014
Priority:	Standard	Application Received:	07/31/2014

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 Physical Medicine & Rehabilitation, has a subspecialty in Pain Management and is licensed to practice in Texas & Oklahoma. 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 injured worker is a 59-year-old female who reported an injury on 02/10/2010 due to a slip and fall. The injured worker has a diagnosis of neck sprain, sprain of the lumbar spine, sprain/strain of the shoulder and upper arm, unspecified, sprain/strain of the wrist, sprain of the hip and thigh, not specified, and anxiety. Past medical treatment consists of acupuncture, shockwave therapy, physical therapy, and medication therapy. Medications include Menthoderm, cyclobenzaprine, naproxen, and omeprazole. On 06/10/2014, the injured worker complained of constant lower back pain and increased shoulder pain. Physical examination revealed that the injured worker had an average pain of 5/10. Examination of the lumbar spine revealed a decrease of range of motion. The injured worker also had tenderness to palpation with 2+. The injured worker had spasms of the paraspinal muscles. Kemp's, straight leg raise, and Braggard's were negative bilaterally. The injured worker was noted to have a positive Minor's. The treatment plan was for the injured worker to continue the use of cyclobenzaprine. The rationale and Request for Authorization form were not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 5 mg half to one tablet every 8-12hours as needed #90: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines Muscle Relaxers.

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

Decision rationale: The California MTUS Guidelines recommend cyclobenzaprine as an option for a short course of therapy. The greatest effect of the medication is within the first 4 days of treatment, suggesting that a shorter course may be better. Treatment should be brief. The request for Flexeril 5 mg half to 1 tablet every 8 hours as needed, with a quantity of 90, exceeds the guideline recommendation of short-term therapy. The provided medical records lacked documentation of significant objective functional improvement with the medication. Furthermore, the provider's rationale for the request was not submitted in the documentation. As such, the request for Cyclobenzaprine is not medically necessary.