

Case Number:	CM14-0123757		
Date Assigned:	08/08/2014	Date of Injury:	12/07/2007
Decision Date:	10/09/2014	UR Denial Date:	07/19/2014
Priority:	Standard	Application Received:	08/05/2014

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 and is licensed to practice in Illinois. 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 34-year-old female who reported an injury on 12/07/2007. The mechanism of injury is not provided. On 12/11/2013 the injured worker presented with migraine headaches, nausea, stiff neck, decreased range of motion that radiates down both upper extremities with numbness and tingling down the 4th and 5th digits. Upon examination of the cervical spine there was decreased range of motion and decreased strength bilaterally at 4/5 at the trapezius muscles equally. There was tenderness to the paraspinal muscles and decreased sensation to the C4, C5, C6, and C7. The diagnoses were diffuse musculoskeletal myofascial pain, psychiatric issues and weight gain. A current medication list was not provided. The provider recommended Cyclobenzaprine Hydrochloride tablets, the provider's rationale was not provided. The Request for Authorization form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine hydrochloride tablets USP, 10mg #30: Upheld

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

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

Decision rationale: The request for Cyclobenzaprine Hydrochloride tablets USP, 10 mg #30 is not medically necessary. The California MTUS Guidelines state Cyclobenzaprine is an option for a short course of therapy. The greatest effect of the medication is in the first 4 days of treatment, suggesting that shorter courses may be better. Treatment should be brief. The provided medical records lack documentation of objective functional improvement with the use of this medication. As such, medical necessity has not been established.