

Case Number:	CM14-0154771		
Date Assigned:	09/24/2014	Date of Injury:	05/04/2010
Decision Date:	11/21/2014	UR Denial Date:	09/18/2014
Priority:	Standard	Application Received:	09/22/2014

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 Family 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:

55 years old female claimant sustained a work injury on 5/4/10 involving the neck, hands and back. She was diagnosed with cervical spondylosis, thoracic outlet syndrome and lateral epicondylitis. A progress note on 7/15/14 indicated the claimant had 5-8/10 pain. Exam findings were not recorded. Previous exam findings were notable for decreased range of motion of the cervical spine and shoulder pain. The claimant had been on NSAIDs, Cyclobenzaprine and topical Terocin for pain. The claimant had been on Cyclobenzaprine for several months.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 10mg #30 with 5 refills: Upheld

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

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

Decision rationale: According to the MTUS guidelines, Cyclobenzaprine (Flexeril) is more effective than placebo for back pain. It is recommended for short course therapy and has the greatest benefit in the first 4 days suggesting that shorter courses may be better. Those with fibromyalgia were 3 times more likely to report overall improvement, particularly sleep.

Treatment should be brief. There is also a post-op use. The addition of cyclobenzaprine to other agents is not recommended. The claimant had been on Flexeril for a prolonged period in combination with other medications. Recent improvement in physical findings were not documented. Continued use of Flexeril is not medically indicated; therefore, the request for Cyclobenzaprine 10mg #30 with 5 refills is not medically necessary and appropriate.