

Case Number:	CM14-0099341		
Date Assigned:	06/27/2014	Date of Injury:	12/01/2001
Decision Date:	10/08/2014	UR Denial Date:	06/17/2014
Priority:	Standard	Application Received:	06/27/2014

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 51-year-old female who reported an injury on 12/01/2001. The mechanism of injury was not submitted for clinical review. Diagnoses include cervical pain and spasms of the muscles. The previous treatments included injections and medication. The diagnostic testing included EMG/NCV and cervical MRI. Within the clinical note dated 08/26/2014 it was reported the injured worker complained of neck pain. She rated her pain 6/10 in severity without medication. Upon the physical examination the provider noted the injured worker had restricted range of motion of the cervical spine limited to 20 degrees and extension limited to 5 degrees. The provider indicated the injured worker had tenderness and spasms of the paravertebral muscles. The injured worker had tenderness upon the trapezius muscles. The provider requested Flexeril and Zipsor. However, rationale is not provided for clinical review. The Request for Authorization was submitted and dated 06/16/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexiril 10mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-64.

Decision rationale: The request for Flexeril 10mg #60 is not medically necessary. The California MTUS Guidelines recommend non-sedating muscle relaxants with caution as a second line option for short term treatment of acute exacerbation in patients with chronic low back pain. The guidelines also note the medication is not recommended for longer than 2 to 3 weeks. There is lack of documentation indicating the efficacy of the medication as evidence based significant functional improvement. The request submitted failed to provide the frequency of the medication. The injured worker has been utilizing the medication for an extended period of time since at least 06/2014 which exceeds the guidelines recommendation of short term use of 2 to 3 weeks. Therefore, the request is not medically necessary.

Zipsor 25mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 66-67.

Decision rationale: The request for Zipsor 25mg #60 is not medically necessary. The California MTUS Guidelines recommend non-steroidal anti-inflammatory drugs at the lowest dose for the shortest period of time. The guidelines note NSAIDs are recommended for the signs and symptoms of osteoarthritis and neuropathic pain. There is lack of documentation indicating the efficacy of the medication as evidence based significant functional improvement. The request submitted failed to provide the frequency of the medication. Therefore, the request is not medically necessary.