

Case Number:	CM14-0155236		
Date Assigned:	09/25/2014	Date of Injury:	11/17/2010
Decision Date:	02/10/2015	UR Denial Date:	09/15/2014
Priority:	Standard	Application Received:	09/23/2014

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 Practice, and is licensed to practice in Ohio. 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 64-year-old female with reported date of injury of November 17 2010. The mechanism of injury is not given. The diagnoses include carpal tunnel syndrome, sprain/strain of the wrist, and sprain/strain of the lumbar spine. She complains of neck pain radiating to the upper extremities and low back pain. The physical exam reveals myofascial tenderness, region unspecified. She has been treated with Naprosyn, fenoprofen, cyclobenzaprine, omeprazole, and evidently a TENS unit. It appears that she has been prescribed cyclobenzaprine for several months consecutively. At issue is a request for cyclobenzaprine 7.5 mg, #60. This was denied by the utilization review who cited MTUS guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 7.6 mg 60 tablets: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine Page(s): 41-42. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic), Cyclobenzaprine (Flexeril®)

Decision rationale: Cyclobenzaprine is a skeletal muscle relaxant and a central nervous system (CNS) depressant that is marketed as Flexeril by [REDACTED]. Cyclobenzaprine (Flexeril) is more effective than placebo in the management of back pain; the effect is modest and comes at the price of greater adverse effects. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. Treatment should be brief and not exceed 2-3 weeks. In this instance, the use of cyclobenzaprine has exceeded that which is recommended by the guidelines. The documentation provided does not show compelling evidence as to why the medication should be continued. Therefore, Cyclobenzaprine 7.5 mg, #60, was not medically necessary.