

Case Number:	CM14-0213742		
Date Assigned:	12/31/2014	Date of Injury:	09/10/2014
Decision Date:	02/25/2015	UR Denial Date:	12/19/2014
Priority:	Standard	Application Received:	12/22/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: California
Certification(s)/Specialty: Emergency Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

Patient with reported date of injury on 9/10/2014. Fell off a step stool and struck R chest, R forearm and back of head. Diagnosis provided are R rib fracture, head injury, sprain of neck and R forearm contusion. Medical reports reviewed. Last report available until 12/9/14. Patient complains of R sided rib pain with cough and movement but is mild when at rest. Also has occasional headaches with some difficulty concentrating. Also has mid back pain at 6/10 with spasms. Objective exam reveals pain with range of motion (ROM) of cervical spine with mildly decreased ROM. Moderate R paraspinal pain. Chest exam reveals R anterior chest wall tenderness along 6th-7th rib. Thoracic and lumbar exam reveals tenderness. ROM is mildly decreased. Straight leg raise is negative. Strength and sensory exam is normal. Patient reportedly takes cyclobenzaprine at night before sleep only. Patient has reportedly attended 12 PT sessions with 60% improvement in symptoms. Acupuncture worsened pain. Patient is currently on omeprazole, tylenol and cyclobenzaprine. Has attempted ibuprofen, Norco and Ultracet but it causes nausea and stomach problems. Independent Medical Review is for Cyclobenzaprine 7.5mg #30. Prior Utilization Review on 12/18/14 recommended non-certification. It approved tylenol.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective: Cyclobenzaprine 7.5mg #30 (DOS: 12/9/14): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril) Page(s): 41-42.

Decision rationale: Flexeril is Cyclobenzaprine, a muscle relaxant. As per MTUS Chronic Pain Medical Treatment Guidelines, evidence show that it is better than placebo but is considered a second line treatment due to high risk of adverse events. It is recommended only for short course (less than 2-3 weeks) of treatment for acute exacerbations. There is some evidence of benefit in patients with fibromyalgia. The patient has been on this medication for at least 2 months. It is unclear why patient takes this medication since there are no documented muscle spasms as a complaint or finding on exam. The patient takes this medication regularly before sleep. Chronic use of Flexeril is not medically necessary. Therefore, this request is not medically necessary.