

Case Number:	CM15-0119451		
Date Assigned:	06/29/2015	Date of Injury:	01/07/2012
Decision Date:	08/31/2015	UR Denial Date:	06/08/2015
Priority:	Standard	Application Received:	06/22/2015

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: New York
 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:

The 48 year old male injured worker suffered an industrial injury on 1/07/2012. The diagnoses included cervical degenerative disc disease, spondylosis without myelopathy, spinal stenosis, herniated disc and radiculopathy, lumbar radiculopathy, herniated disc, spinal stenosis spondylosis and degenerative disc disease, sacroiliitis and myofascial pain syndrome. The diagnostics included cervical magnetic resonance imaging. The injured worker had been treated with cervical foraminotomy 10/7/2014 and medications. On 5/4/2015 the treating provider reported head, neck, mid back, low back and chest complaints. He described neck pain as throbbing and stabbing pain rated 8/10 and can reach 9/10. The numbness in the palm of his hands had increased and continued to have numbness in the fingers bilaterally. He reported radiation of pain and numbness that traveled down the upper extremities down to the third and fourth digits, worse on the left. There was increased pain in the lower back pain and noted the legs feel weaker rated 6/10 with radiations down both lower extremities which was worse on the left. On exam there was tenderness to the cervical muscles and upper back with limited range of motion. The treatment plan included Retrospective DOS: 5/4/15 for Cyclobenzaprine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective 60 Cyclobenzaprine 7.5mg DOS: 5/4/15: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine, Muscle Relaxants Page(s): 41-42; 63-65.

Decision rationale: MTUS Chronic pain Medical Treatment Guidelines recommended oral muscle relaxants for a short course 2 to 3 weeks for acute neck and back conditions or for acute exacerbations and any repeated use should be contingent on evidence of specific prior benefit. Efficacy diminished overtime and prolonged use may lead to dependence. There are also indications for post-operative use. The documentation provided did not indicate specific symptoms of muscle spasms to be treated by this medication. The exam did not indicate there was an acute exacerbation of symptoms. Therefore Cyclobenzaprine was not medically necessary.