

Case Number:	CM15-0070419		
Date Assigned:	04/17/2015	Date of Injury:	12/20/2007
Decision Date:	05/27/2015	UR Denial Date:	03/30/2015
Priority:	Standard	Application Received:	04/13/2015

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: Pennsylvania, Ohio, California
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 61-year-old male, who sustained an industrial injury on 12/20/07. He reported an injury to his head. The injured worker was diagnosed as having cervical radiculopathy, cervical facet arthropathy and status post cervical fusion x 2. Treatment to date has included cervical spinal fusions, trigger pint injections, facet joint injections, oral medication including opioids, 20 sessions of physical therapy and 10 sessions of acupuncture. Currently, the injured worker complains of constant aching and stabbing neck pain 7/10 with radiation to bilateral upper extremities. The injured worker states the facet joint injections relieved 100% of pain for 4-6 hours. Physical exam noted tenderness to palpation over the left cervical paraspinal and anterior to edge of paraspinal musculature with decreased sensation of left C7 dermatome. The treatment plan included continuation of oral medications including MS Contin and request for authorization of Cyclobenzaprine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 7.5mg #30 prescribed 3/2/15: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain).

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

Decision rationale: MTUS recommends the use of non-sedating muscle relaxants for short-term use only. This guideline recommends Cyclobenzaprine/Flexeril only for a short course of therapy. The records in this case do not provide an alternate rationale to support longer or ongoing use. This request is not medically necessary.