

Case Number:	CM15-0073251		
Date Assigned:	04/23/2015	Date of Injury:	12/28/2009
Decision Date:	05/20/2015	UR Denial Date:	03/19/2015
Priority:	Standard	Application Received:	04/17/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 injured worker is a 61 year old female, who sustained an industrial injury on December 28, 2009. The injured worker was diagnosed as having cervicalgia. Treatment to date has included cervical injections and medication. Currently, the injured worker complains of neck pain, headaches, and muscle spasms in the neck. The Treating Physician's report dated January 29, 2015, noted the injured worker continued with problems mainly in the musculature in the left side of the neck, with severe pain rated as a 12/10. The injured worker noted adverse effects from the trial of cervical injections, which were not a benefit to her symptoms. The injured worker's current medications were listed as Cymbalta and Cyclobenzaprine. Cervical spine examination was noted to show minimal midline tenderness and moderate tenderness with tightening of the left paraspinal cervical musculature and the trapezius. The treatment plan included continuation of the medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 10 mg tablet #60: 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
Cyclobenzaprine (Flexeril) Page(s): 41-42 and 64.

Decision rationale: Cyclobenzaprine 10mg tablet #60 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines state that Cyclobenzaprine is not recommended to be used for longer than 2-3 weeks. The documentation indicates that the patient has already been on Cyclobenzaprine. There are no extenuating circumstances documented that would necessitate continuing this medication beyond the 2-3 week time frame. The request for Cyclobenzaprine 10 mg #60 is not medically necessary.