

<b>Case Number:</b>	CM15-0074284		
<b>Date Assigned:</b>	04/24/2015	<b>Date of Injury:</b>	01/26/1974
<b>Decision Date:</b>	06/11/2015	<b>UR Denial Date:</b>	04/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/20/2015

### 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: Texas, New York, California  
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented 41-year-old who has filed a claim for neck, back, and upper extremity pain reportedly associated with an industrial injury of March 4, 2015. The claims administrator, it is incidentally noted, seemingly erroneously reported the date of injury, as January 26, 1974. In a Utilization Review report dated April 16, 2015, the claims administrator failed to approve requests for cervical MRI imaging and cyclobenzaprine. The claims administrator referenced an April 8, 2015 progress note in its determination. The applicant's attorney subsequently appealed. In a Doctor's First Report (DFR) dated April 8, 2015, the applicant reported complaints of neck pain, low back pain, and left upper extremity pain with associated paresthesias. X-rays of the cervical and lumbar spines were performed in the clinic. Eight sessions of physical therapy, cervical MRI imaging, and a 20-pound lifting limitation were endorsed. Naproxen, cyclobenzaprine, and tramadol were also prescribed. It was not clearly stated whether the applicant was or was not working with said 20-pound lifting limitation in place.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI Cervical Spine:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (2nd Edition) (2004) ODG-TWC-ODG Treatment Integrated Treatment/Disability Duration Guidelines; Chapter: Neck and Upper Back (Acute & Chronic) Updated 11/18/14.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 182.

**Decision rationale:** No, the request for MRI imaging of cervical spine was not medically necessary, medically appropriate, or indicated here. While the MTUS Guideline in ACOEM Chapter 8, Table 8-8, page 182 does acknowledge MRI or CT imaging of the neck and upper back can be employed to validate a diagnosis of nerve root compromise, based on clear history and physical exam findings in preparation for an invasive procedure, in this case, however, there was no mention of the applicant's actively considering or contemplating any kind of invasive procedure on or around the date of the request, April 8, 2015. No clear or compelling rationale for the cervical MRI accompanied the request. It was not stated how (or if) the proposed cervical MRI would influence or alter the treatment plan. The fact that the attending provider concurrently ordered physical therapy, however, suggested that he did not believe that the applicant would require any kind of surgical intervention as of the date of the request. Therefore, the request was not medically necessary.

**Fexmid (Cyclobenzaprine) 7.5mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 41, 64.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 49; 47.

**Decision rationale:** Similarly, the request for Fexmid (cyclobenzaprine) was likewise not medically necessary, medically appropriate, or indicated here. As noted previously, the date of injury furnished by the claims administrator was erroneous. The correct date of injury, based on the information of file, was March 4, 2015. The ACOEM Practice Guidelines, thus, govern the request as of the date in question. The MTUS Guideline in ACOEM Chapter 3, Table 3-1, page 49 notes, however, that muscle relaxants such as cyclobenzaprine are deemed "not recommended." ACOEM Chapter 3, page 47 further notes that the addition of muscle relaxants to NSAID has "no demonstrated benefit." Here, the applicant was concurrently given prescriptions for naproxen and Flexeril, despite the unfavorable ACOEM position on the same. While ACOEM Chapter 3, page 47 does qualify its position by noting that muscle relaxants such as cyclobenzaprine have been shown to be useful as antispasmodics, in this case, however, there was no mention of the applicant's actively exhibiting any issues with muscle spasm as of the date in question, April 8, 2015. Therefore, the request was not medically necessary.