

Case Number:	CM15-0078765		
Date Assigned:	04/29/2015	Date of Injury:	10/25/2011
Decision Date:	06/01/2015	UR Denial Date:	03/27/2015
Priority:	Standard	Application Received:	04/24/2015

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: Massachusetts

Certification(s)/Specialty: Anesthesiology, Pain Management

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 52-year-old female who sustained an industrial injury on 10/25/11 from a slip and fall resulting in injury to her neck, bilateral shoulders, low back and bilateral knees. Of note, she had a prior injury to her lumbar spine in 2000. She currently complains of cervical pain (6/10) with left greater than right upper extremity symptoms; right shoulder pain (5/10); left shoulder pain (6/10); right and left knee pain (5/10). Activities of daily living are maintained with medication. Medications are hydrocodone, tramadol, cyclobenzaprine. Diagnoses include cervical pain with upper extremity symptoms; low back pain with lower extremity symptoms; bilateral shoulder subacromial bursitis; bilateral knee chondromalacia patella. Treatments to date include acupuncture with effect; chiropractic treatments. In the note, dated 3/10/15, the treating provider's plan of care includes decrease in spasms for four to six hours facilitating marked improvement in range of motion, tolerance to exercise and a decrease in overall pain level (3-4/10) since starting cyclobenzaprine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 7.5mg #90 (DOS 02/10/2015): Upheld

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

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

Decision rationale: According to the MTUS, current treatment guidelines recommend this medication is an option for chronic pain using a short course of therapy. The effect of Flexeril is great in the first four days of treatment, suggesting a shorter course as many better. This medication is not recommended as an addition to other medications. Longer courses of Flexeril also are not recommended to be for longer than 2 to 3 weeks as prolonged use may lead to dependence. According to the records, the injured worker has been taking his medication chronically. Therefore, at this time, the requirements for treatment have not been met and the treatment is not medically necessary.