

Case Number:	CM15-0098679		
Date Assigned:	06/01/2015	Date of Injury:	02/13/2013
Decision Date:	07/16/2015	UR Denial Date:	05/18/2015
Priority:	Standard	Application Received:	05/21/2015

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 Jersey, Alabama, California
 Certification(s)/Specialty: Neurology, 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 43 year old female, who sustained an industrial injury on February 13, 2013. The injury occurred when the injured worker was struck in the head with a gun while working in a fast food restaurant. The injured worker has been treated for head, back and psychological complaints. The diagnoses have included post-concussive syndrome, long-term use of medications, unspecified major depression, post-traumatic stress disorder, thoracic spine sprain/strain, neck sprain/strain, lumbar sprain/strain and chronic post-traumatic headache. Treatment to date has included medications, radiological studies, MRI, physical therapy, acupuncture treatments, psychological therapy, a home exercise program and an ear, nose and throat consultation. Current documentation dated April 29, 2015 notes that the injured worker reported chronic neck, bilateral upper extremity and back pain. The injured worker had been receiving acupuncture treatments with some benefit, including less muscle tension and pain in the back. Examination of the lumbar spine revealed tenderness to palpation at the lumbosacral junction and muscle tension that extends from the low back to the mid-back. Range of motion was noted to be decreased and a straight leg raise test was negative. Muscle tone of all extremities was normal. The treating physician's plan of care included a request for Cyclobenzaprine/Flexeril 7.5 mg # 40 with a date of service of 3/4/2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine-Flexeril 7.5mg #70 for date of service 3/4/15: Upheld

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

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

Decision rationale: According to MTUS guidelines, Cyclobenzaprine a non sedating muscle relaxants is recommended with caution as a second line option for short term treatment of acute exacerbations in patients with chronic spasm and pain. Efficacy appears to diminish over time and prolonged use may cause dependence. The guidelines do not recommend to be used for more than 2-3 weeks. The patient in this case does not have clear recent evidence of spasm and the prolonged use of Cyclobenzaprine is not justified. Therefore, the Retrospective request for Cyclobenzaprine 7.5mg #70 is not medically necessary.