

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

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**Independent Medical Review Final Determination Letter**

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Dated: 12/26/2013

IMR Case Number:	CM13-0016884	Date of Injury:	05/16/2012
Claims Number:	██████████	UR Denial Date:	08/16/2013
Priority:	STANDARD	Application Received:	08/26/2013
Employee Name:	██████████		
Provider Name:	██████████ M.D.		
Treatment(s) in Dispute Listed on IMR Application:			
RETRO CYCLOBENZPRINE 7.5MG, TAKE 1 PO TID PRN SPASM			

DEAR ██████████ ,

MAXIMUS Federal Services has completed the Independent Medical Review (“IMR”) of the above workers’ compensation case. This letter provides you with the IMR Final Determination and explains how the determination was made.

Final Determination: UPHOLD. This means we decided that none of the disputed items/services are medically necessary and appropriate. A detailed explanation of the decision for each of the disputed items/services is provided later in this letter.

The determination of MAXIMUS Federal Services and its physician reviewer is deemed to be the Final Determination of the Administrative Director of the Division of Workers’ Compensation. This determination is binding on all parties.

In certain limited circumstances, you can appeal the Final Determination. Appeals must be filed with the Workers’ Compensation Appeals Board within 30 days from the date of this letter. For more information on appealing the final determination, please see California Labor Code Section 4610.6(h).

Sincerely,

Paul Manchester, MD, MPH
 Medical Director

cc: Department of Industrial Relations, ██████████

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine and is licensed to practice in California. 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 physician 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/services.

DOCUMENTS REVIEWED

The following relevant documents received from the interested parties and the documents provided with the application were reviewed and considered. These documents included:

- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]

CLINICAL CASE SUMMARY

The physician reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 50 YO, RHD, F with a 5/16/12 cumulative trauma injury to her right upper extremity from repetitively lifting up to 27 lbs while working as an electronics assembler. She has a prior history of insulin dependent diabetes. She underwent right shoulder subacromial decompression, debridement of partial RC tear and distal claviclectomy on 8/26/13. She is disputing the 8/16/13 UR decision from [REDACTED] for retrospective denial of cyclobenzaprine 7.5mg tid, prn spasm dated 7/12/13. The records show she had cyclobenzaprine refilled on 9/12/12 at [REDACTED], but there is no documentation when it was first prescribed. There is no mention of cyclobenzaprine being refilled on the October or November 2012 reports, but it is mentioned again on the 3/15/13 report, and was continued on 4/5/13 and 6/11/13 and 7/12/13.

IMR DECISION(S) AND RATIONALE(S)

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

1. Retrospective Cyclobenzaprine 7.5mg is not medically necessary and appropriate.

The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines, page 64, which is part of the MTUS.

The Physician Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Cyclobenzaprine, pages 42-43, which is part of the MTUS.

The Physician Reviewer's decision rationale:

MTUS for cyclobenzaprine, pg. 64 states: "*This medication is not recommended to be used for longer than 2-3 weeks. (See, 2008)*" The records reflect fairly continuous use from 3/15/13 through 7/12/13. The request for continued use of cyclobenzaprine on 7/12/13 exceeds MTUS recommendations of short –term use of 2-3 weeks.

Disclaimer: MAXIMUS is providing an independent review service under contract with the California Department of Industrial Relations. MAXIMUS is not engaged in the practice of law or medicine. Decisions about the use or nonuse of health care services and treatments are the sole responsibility of the patient and the patient's physician. MAXIMUS is not liable for any consequences arising from these decisions.

[REDACTED]

CM13-0016884