

Case Number:	CM14-0144469		
Date Assigned:	09/12/2014	Date of Injury:	05/14/2004
Decision Date:	10/21/2014	UR Denial Date:	08/08/2014
Priority:	Standard	Application Received:	09/05/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in Texas. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 49 year old female injured on 05/14/04 while performing normal and customary job duties as a bank teller. The specific injuries sustained were not discussed in the documentation provided. Prior treatments included physical therapy, activity modification, drug therapy, epidural steroid injections, and surgical intervention to include anterior cervical decompression and fusion at C4-5. Diagnoses include cervical spine radiculopathy, and cervical spine postlaminectomy syndrome. The injured worker continued to complain of night pain radiating to the right upper extremity and the hand in the C4-5 and C5-6 distributions. The injured worker rated at pain at 8/10 prior to recent epidural steroid injection with reported modest relief following epidural steroid injection. Clinical note dated 08/14/14 indicated the injured worker reported bilateral shoulder pain, right greater than left, increased anxiety, depression, and requested medication refills. Physical examination revealed limited cervical spine range of motion with pain, shoulder tender to palpation, left elbow positive Tinel's, lumbar spine tenderness to palpation and limited range of motion. Treatment plan included recommendation for new MRI of bilateral shoulders, CPAP machine, and refill of requested medications. The initial request was non-certified on 09/03/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril #20 modified from #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Flexeril (cyclobenzaprine).

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

Decision rationale: As noted on page 41 of the Chronic Pain Medical Treatment Guidelines, cyclobenzaprine is recommended as a second-line option for short-term (less than two weeks) treatment of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain. Studies have shown that the efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. Based on the clinical documentation, the patient has exceeded the 2-4 week window for acute management also indicating a lack of efficacy if being utilized for chronic flare-ups. As such, the medical necessity of Flexeril #20 modified from #60 is not medically necessary.