

Case Number:	CM13-0010351		
Date Assigned:	07/09/2014	Date of Injury:	01/25/1999
Decision Date:	08/07/2014	UR Denial Date:	07/29/2013
Priority:	Standard	Application Received:	08/12/2013

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 Preventive Medicine, has a subspecialty in Occupational Medicine and is licensed to practice in Iowa. 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:

This patient is a 51year old employee with date of injury of 1/25/1999. Medical records indicate the patient is undergoing treatment for: neck pain involving the right shoulder; bilateral wrist pain; right forearm tightening with a pulling sensation; right elbow numbness; numbness paresthasias and weakness involving the right thumb; headache, occurring daily. Subjective complaints include neck pain which is constant and slight involving the right shoulder, increasing slight to moderate at times; frequent slight right wrist and forearm pain, increasing with repetitive or forceful use to slight to moderate in degree. Intermittent to middle to slight left wrist pain. Numbness paresthasias and weakness involving the right thumb, which is constant and slight; headache which is intermittent to slight; right elbow numbness which is frequent and slight. Objective findings include tenderness to palpation of the right cervical paraspinous and sternocleidemastoid musculature. Diminished Jamar grip strength on the right of 25% to 30% Treatment has consisted of Fiorinal; Flexeril; Naprosyn and Ultracet. The utilization review determination was rendered on 7/29/2013 recommending non-certification of CYCLOBENZAPRINE HCL 10 MG QUANTITY30/30/0.

IMR ISSUES, DECISIONS AND RATIONALES

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

CYCLOBENZAPRINE HCL 10 MG QUANTITY30/30/0: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants for pain, Cyclobenzaprine (Flexeril).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril), Medications for chronic pain Page(s): 41-42, 60-61.

Decision rationale: MTUS Chronic Pain medical Treatment states for Cyclobenzaprine (Flexeril), "Recommended as an option, using a short course of therapy. . . The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. (Browning, 2001) Treatment should be brief." Additionally, MTUS outlines, "Relief of pain with the use of medications is generally temporary, and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity. Before prescribing any medication for pain, the following should occur: (1) determine the aim of use of the medication; (2) determine the potential benefits and adverse effects; (3) determine the patient's preference. Only one medication should be given at a time, and interventions that are active and passive should remain unchanged at the time of the medication change. A trial should be given for each individual medication. Analgesic medications should show effects within 1 to 3 days, and the analgesic effect of antidepressants should occur within 1 week. A record of pain and function with the medication should be recorded. (Mens, 2005)" Uptodate "Flexeril" also recommends "Do not use longer than 2-3 weeks" and is for "Short-term (2-3 weeks) treatment of muscle spasm associated with acute, painful musculoskeletal conditions". The medical documentation provided does not establish the need for long term/chronic usage of Flexeril, which MTUS guidelines advise against. As such, the request for Cyclobenzaprine HCL 10mg is not medically necessary.