

Case Number:	CM13-0025433		
Date Assigned:	11/20/2013	Date of Injury:	02/13/2010
Decision Date:	02/04/2014	UR Denial Date:	09/09/2013
Priority:	Standard	Application Received:	09/17/2013

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 Family Practice, 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. 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's date of injury is 02/13/10; her initial injury occurred while lifting a 40-50 lb. box. She reported left shoulder burning pain, and now suffers from chronic pain involving her neck, head, and arms. In addition she has chronic symptoms of numbness, tingling, stiffness, and weakness. Orthopedist [REDACTED] diagnosed her on 10/21/13 as having shoulder pain and left sided cervical radiculopathy. Previously, MRI imaging of the cervical spine showed some degree of disc disease without myelopathy. [REDACTED] reported in his note dated 9/17/13, that he performed a trigger point injection of 5% Marcaine in the paracervical spine. There is no mention of having used any form of imaging for guidance.

IMR ISSUES, DECISIONS AND RATIONALES

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

The request for 120 Diazepam 5mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 24.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 24.

Decision rationale: Diazepam is a benzodiazepine. These medications are not indicated for long term use as their efficacy is unproven and they cause drug dependence. Another problem with

benzodiazepines is that they produce tolerance, which means, that with continuous use, higher and higher doses seem necessary to produce the same benefit. Diazepam is not a treatment of choice for this patient's chronic neck pain. Therefore, Diazepam is non-certified.

The request for 60 Cyclobenzaprine 10mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 72.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-64.

Decision rationale: Muscle relaxants should be recommended with caution as a second line agent for the short-term treatment of pain from muscle tension. Their value decreases over time in the treatment of musculoskeletal disorders. Cyclobenzaprine is classified as an antispasmodic drug. As with other drugs of this classification, Cyclobenzaprine is only indicated for a short course of therapy. Side effects are common and include dry mouth, drowsiness, and urine retention. As such, Cyclobenzaprine is not a treatment of choice for this patient's chronic neck pain. Therefore, Cyclobenzaprine is non-certified.