MAXIMUS Federal Services

Case Number:	CM13-0035437		
Date Assigned:	12/18/2013	Date of Injury:	01/18/1999
Decision Date:	04/18/2014	UR Denial Date:	10/08/2013
Priority:	Standard	Application Received:	10/17/2013

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 Physical Medicine & Rehabilitation, and is licensed to practice in Illinois. 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:

The patient is a 58-year-old female with a date of injury of 01/18/1999. The patient has diagnoses of myositis pain/ fibromyositis/myalgia, tendinitis, shoulder, spondylosis, cervical without myelopathy, bursitis, subacromial. The patient was seen on 11/25 for a followup office visit for evaluation of neck, lower back, and left shoulder pain. The patient noted dull aching, tight muscle pain with numbness in left arm, which is constant that radiates down the right arm. The patient noted that with medication she is able to perform daily activities. The patient reported pain levels with medication is 4/10, pain without medication is 7/10. The patient noted that the pain medication lasts for 2 to 3 hours, with no side effects. The patient noted that the pain has been relieved by greater than 50%, and noticed that it has made a real difference. The patient's current home exercise program is walking 2 hours times 4 days a week. On exam, cervical spine range of motion is abnormal at 15 degrees of flexion, 20 degrees of extension, 65 degrees right rotation, 65 degrees left rotation, 20 degrees of right lateral flexion, and 20 degrees of left lateral flexion. The physician noted that there was pain with cervical spine range of motion testing. The physician noted on exam for sensory dermatomes all C2 through C8 and T1 and T2 were all normal. Reflexes were all 2+. The physician noted on palpation there is no tenderness to palpation over any of the trigger points.

IMR ISSUES, DECISIONS AND RATIONALES

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

PRESCRIPTION OF CYCLOBENZAPRINE 10MG #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Section Muscle Relaxant.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Section Cyclobenzaprine (FlexerilÂ®), pgs. 41-42 Page.

Decision rationale: The employee is a 58-year-old female with diagnoses of myositis pain/ fibromyositis/myalgia, tendinitis, shoulder, spondylosis, cervical without myelopathy, bursitis, subacromial. On exam, the employee notes having pain to the neck, lower back, and left shoulder pain. There was no documentation stating any type of muscle spasms that the employee was having on the office visit or that the employee reported having recently. The MTUS Guidelines do note that cyclobenzaprine is recommended as an option, using a short course of therapy. Also noted, cyclobenzaprine is more effective than placebo in the management of back pain; the effect is modest and comes at the price of greater adverse effects. Treatment should be brief. The addition of cyclobenzaprine to other agents is not recommended. The documentation provided did not note any muscle spasms that the employee was having any issues with; the medical necessity for this medication was not shown in the documentation provided. Therefore, the request for PRESCRIPTION OF CYCLOBENZAPRINE 10MG, #90 is non-certified.