

Case Number:	CM13-0049894		
Date Assigned:	12/27/2013	Date of Injury:	03/10/2011
Decision Date:	06/13/2014	UR Denial Date:	10/03/2013
Priority:	Standard	Application Received:	11/08/2013

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 Physical Medicine and Rehabilitation 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 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 is a 58-year old gentleman with a date of injury of March 10, 2011. The initial mechanism of injury was a fall from a ladder, landing about 17 stairs down with multiple trauma, including fractured ribs and a pneumothorax. The patient has chronic symptoms, and has been under the care of a pain doctor for diagnoses of thoracic sprain/strain, thoracic radiculopathy, costovertebral osteoarthritis, cervical pain, shoulder sprain/strain, shoulder capsulitis, low back pain and chronic pain. Additional records indicate a diagnosis code of retinal detachment (361.05) and macular puckering (362.56). The treatment has included the use of Cyclobenzaprine, given ongoing pain and muscle spasm. Monthly follow-up pain management notes are reviewed. A panel QME was completed in August of 2013. It was determined that maximum medical improvement had not been reached and further recommendations are made, including use of medications, injections and physical rehabilitation. The medication list includes multiple narcotics, nonsteroidals, sleep medications, Cyclobenzaprine, benzodiazepines, Tizanidine and Gabapentin. Monthly pain management follow-up occurred through December of 2013. Cyclobenzaprine 7.5MG, 1 PO TID PRN #90 has been requested. This was reviewed in Utilization Review on 10/03/13 and denied on a basis of long-term use of this muscle relaxant, which is not guideline supported. It is also pertinent to note that urine drug screen testing does show multiple benzodiazepines, but does not reflect Cyclobenzaprine. Finally, none of the submitted reports show any clear clinically significant benefit from use of Cyclobenzaprine.

IMR ISSUES, DECISIONS AND RATIONALES

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

PRESCRIPTION OF (1 OF 3) CYCLOBENZAPRINE 7.5MG, 1 PO TID PRN #90:

Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine..

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants, Page(s): 63-66.

Decision rationale: The California MTUS states that non-sedating muscle relaxants should be used with caution as a second-line option for short-term treatment. Cyclobenzaprine is specifically only guideline recommended for a "short course of therapy" (not recommended for longer than 2-3 weeks). In this case, Cyclobenzaprine has been employed for a number of years. Submitted reports prior to the UR decision in question do not reflect clear efficacy for the continued use of this medication as the pain complaints and physical examination findings are unchanged on a monthly basis for the last year. It is also pertinent to note that Cyclobenzaprine was not seen in urine drug screen testing despite long-term prescription use. Therefore, when taking into consideration guideline recommendation for short-term use, noting that this is not a short course of therapy nor is there an acute exacerbation requiring a short-term utilization, lack of clear benefit, and drug testing suggestive that the patient is not even using it, there is no clinical data presented to suggest or support the need for ongoing use of Cyclobenzaprine. Medical necessity for ongoing use of Cyclobenzaprine is not established.