

Case Number:	CM13-0050923		
Date Assigned:	12/27/2013	Date of Injury:	08/25/2010
Decision Date:	05/06/2014	UR Denial Date:	10/17/2013
Priority:	Standard	Application Received:	11/13/2013

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 Anesthesiology has a subspecialty in Pain Medicine and is licensed to practice in Texas and Florida. 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 patient is a 50 year old who was injured on 8/25/2010. The diagnoses listed are bilateral knee pain, bilateral shoulder impingement syndrome, carpal tunnel syndrome, neck pain and low back pain. The patient had completed acupuncture treatment as well as psychotherapy for depression and stress in 2012. There was no significant objective findings during examinations by Orthopedic doctors [REDACTED] and [REDACTED] in late 2013. The EMG and NCV studies revealed only mild right median nerve abnormality at the wrist. There was a radiological report of L4-5 disc tear. The medications listed are naproxen for pain, omeprazole for prophylaxis and treatment of NSAID induced gastritis and cyclobenzaprine for muscle spasm. The duration of use for this medications were not clarified.

IMR ISSUES, DECISIONS AND RATIONALES

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

CYCLOBENZAPRINE HYDROCHORIDE 7.5 MG #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 41, 63-66.

Decision rationale: The CA MTUS addressed the use of antispasmodics and muscle relaxants in the treatment of muscle spasm associated with chronic pain. It is recommended that non-sedating muscle relaxants be used with caution as a second-line option for short term treatment of acute exacerbation of symptoms that is non responsive to standard treatment with NSAID and physical therapy. The short term course of therapy should be limited to 2-3 weeks to minimize the risk of dependency, sedation and addiction. The records does indicate that cyclobenzaprine has been in use for more than one year. There is no documented subjective or objective findings of muscle spasm. The is no indication for chronic use of cyclopenzaprine for this patient.