

Case Number:	CM13-0067001		
Date Assigned:	01/03/2014	Date of Injury:	05/01/2008
Decision Date:	05/16/2014	UR Denial Date:	12/04/2013
Priority:	Standard	Application Received:	12/04/2013

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 Arizona. 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 48-year-old female with a date of injury on 5/01/08. This injured worker has complained of neck pain as well as pain in shoulders, elbows and wrist joints since the injury. Evaluation on 10/25/13 indicated pain level 4/10. Examination showed tenderness at C4-C7 with positive Spurling sign bilaterally, slightly decreased right lateral rotation of the cervical spine, healed surgical scars in the bilateral shoulder and right elbow regions, limited range of motion of the shoulder bilaterally, decreased sensation along the right C6 and less prominent in the C5 and C7 dermatome, weakness in the right wrist flexors and extensors and finger abductors. Examination also revealed muscle spasm in the upper trapezius and levator scapulae muscles. She underwent cervical epidural injection on 11/07/13 and 9/12/13. Recommendation was provided for continuation of tramadol ER and Fexmid. Subsequently, the medical reviewer on 12/1/13 certified the use of tramadol but only partial certification was provided for cyclobenzaprine, 20 tablets instead of the requested 60 tablets.

IMR ISSUES, DECISIONS AND RATIONALES

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

60 CYCLOBENZAPRINE 7.5MG: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (Pain)..

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine Topic Page(s): 75,611. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Cyclobenzaprine.

Decision rationale: The MTUS and official disability guidelines provide recommendations regarding muscle relaxants such as cyclobenzaprine. Muscle relaxants can be used for back pain for short period of time. There is no long-term benefit documented. Cyclobenzaprine is associated with side effects consisting of drowsiness and dizziness. It is closely related to the tricyclic antidepressants such as amitriptyline. Cyclobenzaprine is a skeletal muscle relaxant and a central nervous system depressant. Effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. The request for Cyclobenzaprine 7.5mg is not medically necessary.