

Case Number:	CM14-0003132		
Date Assigned:	01/29/2014	Date of Injury:	06/04/2006
Decision Date:	06/19/2014	UR Denial Date:	12/07/2013
Priority:	Standard	Application Received:	01/07/2014

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 Management, 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:

The patient is a 46-year-old male who has submitted a claim for lumbosacral neuritis, chondromalacia patellae status post left knee arthroscopy with repair of internal derangement, removal of hardware C5-C6 with inspection of fusion and C4-C5, C6-7 cervical total disc replacement, removal of lumbar spine hardware and L4-S1 posterior lumbar interbody fusion associated with an industrial injury date of May 4, 2005. Medical records from 2013 were reviewed showing patient having persistent pain in the neck, low back, and the left knee. The pain in the neck was aggravated by prolonged positioning, pushing, pulling, lifting, forward reaching and working above shoulder level. The low back pain was aggravated by bending, lifting, twisting, pushing, pulling, sitting, standing and walking multiple blocks. Physical examination of cervical spine showed tenderness on the cervical paravertebral muscles and upper trapezial muscles with spasm. There is also pain with terminal motion of the cervical spine. Examination of the left upper extremity revealed positive Tinel sign at the elbow and positive Tinel and Phalen signs at the wrist. Most recent examination of the left knee showed well-healing arthroscopic portals due to operation and pain on terminal flexion with crepitus. Patellar compression test was positive. Treatment to date has included medications and surgery. Utilization review dated December 6, 2013 denied the request for Cyclobenzaprine 7.5mg 1 tab every 8 hours as needed #120. Reasons for denial were not made available.

IMR ISSUES, DECISIONS AND RATIONALES

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

CYCLOBENZAPRINE 7.5MG 1 TAB EVERY 8 HOURS AS NEEDED #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CHRONIC PAIN MEDICAL TREATMENT GUIDELINES Page(s): 63-66.

Decision rationale: According to pages 63-66 of the CA MTUS Chronic Pain Medical Treatment Guidelines, non-sedating muscle relaxants are recommended with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain (LBP); however, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement. In addition, efficacy appears to diminish over time and prolonged use of some medications in this class may lead to dependence. In this case, Cyclobenzaprine was being prescribed since April 24, 2013 but guidelines recommend muscle relaxants for short term treatment only. Furthermore, there was no documentation of functional benefit from medication use. There is no clear indication for continuation of Cyclobenzaprine. Therefore, the request for Cyclobenzaprine 7.5mg 1 tab every 8 hours as needed #120 is not medically necessary.