

Case Number:	CM14-0105616		
Date Assigned:	08/01/2014	Date of Injury:	06/07/2012
Decision Date:	10/09/2014	UR Denial Date:	06/27/2014
Priority:	Standard	Application Received:	07/08/2014

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 Physical Medicine & Rehabilitation, and is licensed to practice in Texas and Ohio. 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 injured worker is a 63-year-old male who reported an injury of unknown mechanism on 06/07/2012. On 05/28/2014, his diagnoses included cervical strain, rule out herniated disc of the cervical spine, radiculopathy of the left upper extremity with a C6 nerve root distribution, rule out rotator cuff tear of the left shoulder, left shoulder tendinitis, and improving low back pain. His complaints included headaches and neck pain with radicular symptoms down his upper extremities and shoulder pain which was exacerbated by overhead activities and repetitive motions of his neck. He stated that his medications were giving him some functional improvement and pain relief, but he was having nausea, vomiting, and stomach upset with his medications. His medications included tramadol ER 150 mg, diclofenac XR 100 mg, and omeprazole 20 mg. He was given a prescription for cyclobenzaprine 7.5 mg. The rationale for the cyclobenzaprine was that it was to relieve muscle spasms. A request for authorization dated 06/19/2014 was included in this injured worker's chart.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine tabs: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications; Muscle Relaxants; NSAIDs, GI Sympto.

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

Decision rationale: The request for cyclobenzaprine tablets is not medically necessary. The California MTUS Guidelines recommend that muscle relaxants be used with caution as a second line option for short term treatment of acute exacerbations in patients with chronic low back pain. In most low back pain cases, they show no benefit beyond NSAIDs and no additional benefit when used in combination with NSAIDs. Cyclobenzaprine is recommended for a short course of therapy. It is not recommended to be used for longer than 2 to 3 weeks. Based on the prescribing information, this injured worker has been using cyclobenzaprine for 4 months which exceeds the recommendations in the guidelines. Additionally, the request did not include quantity, dosage, or frequency of administration. Therefore, this request for Cyclobenzaprine Tablets are not medically necessary.