

Case Number:	CM14-0015267		
Date Assigned:	02/28/2014	Date of Injury:	01/11/2007
Decision Date:	08/07/2014	UR Denial Date:	01/30/2014
Priority:	Standard	Application Received:	02/06/2014

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 Occupational Medicine 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 male with a date of injury of 1/11/07. The mechanism of injury was not noted. On 12/9/13, he complained of increased left shoulder pain, and stated his back pain has been stable since his last epidural. On exam, he is in no acute distress, and has restricted range of motion in left shoulder. There is minimal tenderness over the L5-S1 lumbar paraspinals, and pain with lumbar flexion and extension. The diagnostic impression is bilateral L4 and L5 radiculitis, shoulder bursitis, and chronic pain syndrome. Treatment to date: acupuncture, medication management. A UR decision dated 1/30/14, denied the request for cyclobenzaprine. Guidelines do not support the long-term use of muscle relaxants. The request was modified from cyclobenzaprine #30 to #10.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine tab 10mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 41-42.

Decision rationale: According to page 41 of the CA MTUS Chronic Pain Medical Treatment Guidelines, Cyclobenzaprine is recommended as an option, using a short course of therapy. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. Treatment should be brief. There is also a post-op use. The addition of cyclobenzaprine to other agents is not recommended. There was no documentation of an acute exacerbation of the patient's chronic pain. In addition, this is noted to be a refill of cyclobenzaprine. Guidelines do not support the long-term use of muscle relaxants due to diminishing efficacy over time and the risk of dependence. The UR review modified the request from cyclobenzaprine #30 to #10 to initiate tapering. Therefore, the request for cyclobenzaprine 10mg #30 was not medically necessary.