

Case Number:	CM14-0016749		
Date Assigned:	04/11/2014	Date of Injury:	10/18/2011
Decision Date:	05/28/2014	UR Denial Date:	01/15/2014
Priority:	Standard	Application Received:	02/10/2014

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:

The patient is a 57 year old female who was injured on 10/18/2011. The mechanism of injury is unknown. The patient's medications as of 01/03/2014 include Cyclobenzaprine HCL, Pantoprazole Sodium, and Naproxen. PR2 dated 01/03/2014 states the patient has complaints of constant low back pain rated as 7/10; C/S pain is intermittent rated as 6-47/10 and radiates into bilateral shoulders. The right shoulder is worse than the left. She reports no numbness. She has locking of her right middle finger. Objective findings on exam revealed triggering to right middle finger with tenderness to A1 pulley; weak grip on the right. There is cervical spine and lumbar spine tenderness. Diagnoses are brachial neuritis, NOS; lumbosacral neuritis, NOS; DIS NEC shoulder region; and right middle trigger finger. Treatment plan is to continue the patient on medications, ointments and home exercise.

IMR ISSUES, DECISIONS AND RATIONALES

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

CYCLOBENZAPRINE 7.5MG: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 64.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine Muscle Relaxants Page(s): 41 and 63.

Decision rationale: According to the California MTUS Chronic Pain Medical Treatment Guidelines, Flexeril is recommended as an option as a short course of therapy only. Muscle relaxants should be considered as a second-line option. The medical records document the patient's medication regimen has included Cyclobenzaprine for several months, at least since 8/20/13. Chronic use of muscle relaxants is not supported by the medical literature. The 1/3/2014 PR-2 does not reveal evidence of muscle spasms present on examination and no evidence of an acute exacerbation. Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement. The chronic use of muscle relaxants is not recommended. The request for Cyclobenzaprine 7.5 mg is not medically necessary and appropriate.