

Case Number:	CM14-0132683		
Date Assigned:	08/22/2014	Date of Injury:	10/11/1996
Decision Date:	09/26/2014	UR Denial Date:	07/29/2014
Priority:	Standard	Application Received:	08/19/2014

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 and Rehabilitation and is licensed to practice in Illinois. 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 53 year old male who reported an injury on 10/11/1996 with unknown mechanism of injury. The injured worker was diagnosed with left carpal tunnel syndrome and lesion of the ulnar nerve, and cervical myelopathy. The injured worker was treated with medications. The injured worker had official nerve conduction test on 01/06/2014. The clinical note dated 04/24/2014 noted the injured worker complained of worsening numbness and tingling of the bilateral hands median and ulnar nerve distribution. The injured worker has indicated he has spasms pulling up and down his back on physician's report dated. The injured worker was prescribed hydrocodone, cyclobenzaprine, and tramadol. The treatment plan was for Cyclobenzaprine HCL 10 mg #100 with Refills: 1 Quantity #100. The rationale for the request was not indicated in the medical records. The request for authorization was submitted for review on 07/21/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine HCL 10 mg #100 with Refills:1 Qty# 100: 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 Cyclobenzaprine Page(s): 41-42.

Decision rationale: The request for cyclobenzaprine #100 with refills: 1 quantity # 100 is not medically necessary. The injured worker indicated he had spasms pulling up and down his back. The California MTUS guidelines recommend cyclobenzaprine for a short course of therapy. Cyclobenzaprine is a skeletal muscle relaxant and a central nervous system depressant with similar effects to tricyclic antidepressants. This medication is not recommended to be used for longer than 2-3 weeks. The injured worker has been prescribed cyclobenzaprine since at least 04/24/2014 which exceeds the guideline recommendations for a short course of treatment of 3 weeks of usage. There is a lack of documentation indicating the injured worker has significant objective functional improvement with the medication. The request for refills would not be indicated as the efficacy of the medication should be assessed prior to providing additional medication. Additionally, the request does not indicate the frequency or dosage of the medication. As such, the request for cyclobenzaprine#100 with refills: 1 quantity # 100 is not medically necessary.