

Case Number:	CM14-0154058		
Date Assigned:	09/23/2014	Date of Injury:	08/14/2012
Decision Date:	11/24/2014	UR Denial Date:	09/12/2014
Priority:	Standard	Application Received:	09/22/2014

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 Anesthesiologist, and Pain Medicine and is licensed to practice in Florida. 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 58-year-old male who reported an injury when a heavy pipe fell on him on August 14, 2012. On August 18, 2014, his diagnoses included status post right ulnar nerve transposition on March 17, 2014, status post right shoulder surgery in September 2013, cervical pain, rule out left meniscal pathology, left knee allograft, and status post right cubital tunnel release in March 2014. His complaints included right medial elbow/forearm pain, left knee pain, and cervical pain, all rated at 5/10. His medications included cyclobenzaprine 10mg, tramadol 50mg, and naproxen 550mg. There was no rationale or Request for Authorization included in this worker's chart.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine (10mg, #30): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril) Page(s): 41-42, 63.

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

Decision rationale: The request for Cyclobenzaprine 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 pain. In most cases, they show no benefit beyond NSAIDs and no additional benefit when used in combination with NSAIDs. Efficacy appears to diminish over time. Cyclobenzaprine is recommended for a short course of therapy. Limited, mixed evidence does not allow for a recommendation for chronic use. It is a skeletal muscle relaxant and a central nervous system depressant. It is not recommended to be used longer than 2 to 3 weeks. The submitted documentation revealed that this worker had been using cyclobenzaprine since March 20, 2014, which exceeds the recommendations in the guidelines. Additionally, there was no frequency of administration included in the request. Therefore, this request is not medically necessary.