

Case Number:	CM14-0169795		
Date Assigned:	10/20/2014	Date of Injury:	12/03/1998
Decision Date:	11/20/2014	UR Denial Date:	09/16/2014
Priority:	Standard	Application Received:	10/14/2014

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 Anesthesiology, has a subspecialty in Pain Management 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:

According to the records made available for review, this is a 39-year-old female with a 12/3/98 date of injury, and status post bilateral shoulder surgery and status post carpal tunnel release. At the time (9/16/14) of request for authorization for Cyclobenzaprine tab 10mg day supply: 10, Quantity: 30, Refills: 0, there is documentation of subjective (burning bilateral shoulder pain, pain in the left elbow and forearm, pain at both wrists and hands, associated numbness and tingling) and objective (moderate tenderness to the left-sided cervical paraspinal muscles, left trapezius, and left scapular, moderate tenderness to the bilateral shoulders, limited shoulder range of motion, severely limited cervical range of motion, swelling over wrists and hands, reduced left grip strength) findings, current diagnoses (bilateral shoulder pain, status post bilateral shoulder surgery, myofascial pain, carpal tunnel syndrome bilaterally, status post carpal tunnel release, reactive depression associated with chronic pain, and opioid induced constipation), and treatment to date (medications (including ongoing use of cyclobenzaprine since at least 9/13)). 9/9/14 medical report identifies that cyclobenzaprine is helpful in reducing muscle spasms. There is no documentation of an acute exacerbation of chronic low back pain, that cyclobenzaprine is being used as a second line option, an intention for short-term (less than two weeks) treatment, and functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of cyclobenzaprine use to date.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine tab 10mg day supply: 10, Quantity: 30, Refills: 0: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-64. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Muscle relaxants (for pain) Other Medical Treatment Guideline or Medical Evidence: Title 8, California Code of Regulations, section 9792.20

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of acute exacerbation of chronic low back pain and used as a second line option for short-term treatment, as criteria necessary to support the medical necessity of muscle relaxant. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. ODG identifies that muscle relaxants are recommended for short-term (less than two weeks) treatment. Within the medical information available for review, there is documentation of diagnoses of bilateral shoulder pain, status post bilateral shoulder surgery, myofascial pain, carpal tunnel syndrome bilaterally, status post carpal tunnel release, reactive depression associated with chronic pain, and opioid induced constipation). However, there is no documentation of an acute exacerbation of chronic low back pain and that cyclobenzaprine is being used as a second line option. In addition, given medical records reflecting prescription for cyclobenzaprine since at least 9/13, there is no documentation of an intention for short-term (less than two weeks) treatment. Furthermore, despite documentation that cyclobenzaprine is helpful in reducing muscle spasm, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of cyclobenzaprine use to date. Therefore, based on guidelines and a review of the evidence, the request for Cyclobenzaprine tab 10mg day supply: 10, Quantity: 30, Refills: 0 is not medically necessary.