

Case Number:	CM14-0192168		
Date Assigned:	11/25/2014	Date of Injury:	06/22/2005
Decision Date:	01/12/2015	UR Denial Date:	10/27/2014
Priority:	Standard	Application Received:	11/17/2014

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 Family Medicine and is licensed to practice in New Jersey and New York. 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 57 year-old female who was injured on 6/22/05 after feeling left arm pain and hand and wrist numbness after lifting boxes. She complains of neck pain and numbness in the left shoulder. On exam, she had decreased cervical range of motion, tender trapezius and diminished sensation of the 4th and 5th fingers. She was diagnosed with chronic cervical strain and cervical C5-6 and C6-7 disc protrusion. She also has underlying cubital tunnel and carpal tunnel syndrome. She had left shoulder arthroscopy in 2011 without improvement. Electrodiagnostic testing showed segmental ulnar motor nerve prolongation over the right elbow segment but no evidence of cervical radiculopathy. A 10/2013 cervical MRI showed disc protrusion with impingement on anterior spinal cord at C5-6. She was taking Tramadol but was unable to drive or function, causing hallucinations and sleepwalking. She also took Norco and used a topical analgesic. The request is for Cyclobenzaprine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective review for Cyclobenzaprine 7.5 MG #60 for date of service 10/15/14: Upheld

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

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

Decision rationale: The use of Cyclobenzaprine is medically unnecessary at this point. It is indicated for short-term use with best efficacy in the first four days. The effect is modest and comes with many adverse side effects including dizziness and drowsiness. The use of Cyclobenzaprine with other agents is not recommended. This muscle relaxant is useful for acute exacerbations of chronic lower back pain. There was no mention of spasms on exam. And the MTUS states it is not any more effective than NSAIDs. Therefore, continued use is considered not medically necessary.