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| Case Number: | CM14-0023713 | | |
| Date Assigned: | 06/16/2014 | Date of Injury: | 08/21/1995 |
| Decision Date: | 08/11/2014 | UR Denial Date: | 02/20/2014 |
| Priority: | Standard | Application Received: | 02/25/2014 |

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, Pain Medicine and is licensed to practice in Texas. 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 65 year old female injured on 08/21/95 due to an undisclosed mechanism of injury. Current diagnoses include shoulder joint pain, Reflex Sympathetic Dystrophy (RSD) of the upper limb, rheumatoid arthritis, and long-term medication management. Clinical note dated 01/31/14 indicates the injured worker presented complaining of chronic left shoulder pain, left neck pain radiating into left posterior shoulder and left arm with associated swelling, stiffness, tenderness, numbness and coldness. The injured worker rated pain at 10/10. The documentation indicates the injured worker currently being prescribed injectable Methotrexate by her rheumatologist. Current medications include Lidoderm patches, Lidocaine cream, Zolpidem, Sertraline, Miralax, Percocet, and Flexeril. Documentation indicates medications are effective in pain management and help the injured worker perform housework and yard work. It is noted the injured worker reports medication causes ringing in the ears. No significant physical exam findings were provided. The initial request for Cyclobenzaprine 10mg #270 was initially non-certified on 02/20/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

CYCLOBENZAPRINE 10MG #270: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
MUSCLE RELAXANTS.

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

Decision rationale: As noted on page 41 of the Chronic Pain Medical Treatment Guidelines, Cyclobenzaprine is recommended as a second-line option for short-term (less than two weeks) treatment of acute low back pain and for short-term treatment of acute exacerbation in patients with chronic low back pain. Studies have shown that the efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. Based on the clinical documentation, the injured worker has exceeded the 2-4 week window for acute management also indicating a lack of efficacy if being utilized for chronic flare-ups. As such, the medical necessity of Cyclobenzaprine 10MG #270 is not medically necessary.