

Case Number:	CM14-0025242		
Date Assigned:	06/11/2014	Date of Injury:	08/10/2012
Decision Date:	07/15/2014	UR Denial Date:	02/04/2014
Priority:	Standard	Application Received:	02/27/2014

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 & Rehabilitation and Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 61 year old male who reported an injury on 08/10/2012. The mechanism of injury was continuous trauma. The injured worker complained of left shoulder pain. The injured worker stated that the pain had greatly increased to lower back. No measurable pain was noted. On physical examination the injured worker expressed tenderness to palpation to paraspinals with mild guarding. The injured worker showed a flexion of 25 degrees, extension of 6 degrees, right side bending of 10 degrees and left side bending of 11 degrees. The injured worker's treatments consists of physical therapy, the use of an ortho stimulator unit and medications. The injured worker's medications include Hydrocodine/Acetaminophen 5/500mg 1 tablet po every 6 hours PRN #60 and Cyclobenzaprine 7.5mg 1 tablet 2 times a day #60. The treatment plan is for Cyclobenzaprine hcl/fexmid 7.5mg #60. The rationale for request was not submitted for review. The request for authorization was submitted on 10/28/2013 by [REDACTED].

IMR ISSUES, DECISIONS AND RATIONALES

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

CYCLOBENZAPRINE HCL/FEXMID 7.5MG #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MUSCLE RELAXANTS (FOR PAIN) Page(s): 63-64.

Decision rationale: The request for Cyclobenzaprine hcl/Fexmid 7.5mg #60 is not medically necessary. The injured worker complained of left shoulder pain. The injured worker stated that the pain had greatly increased to lower back. No measurable pain was noted. The California Medical Treatment Utilization Schedule (MTUS) guidelines recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic lower back pain. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. The MTUS guidelines also state that despite their popularity, skeletal muscle relaxants should not be the primary drug class of choice for musculoskeletal conditions. Limited, mixed-evidence on Cyclobenzaprine does not allow for a recommendation for chronic use. Guideline recommendations for Cyclobenzaprine are 5 mg three times a day and can be increased to 10 mg three times a day. This medication is not recommended to be used for longer than 2-3 weeks. The request submitted does not specify the duration of the medication. There was also no quantified information regarding pain relief. Nothing noted as to whether the above medication helped the injured worker with any functional deficits. There was no assessment regarding current pain on a VAS scale, average pain, intensity of pain or longevity of pain relief. In addition there was no mention of a lack of side effects. Give the above; the request for on-going use of Cyclobenzaprine is not supported by The California Medical Treatment Utilization Schedule (MTUS) guideline recommendations. As such, the request for Cyclobenzaprine hcl/Fexmid 7.5mg #60 is not medically necessary.