

Case Number:	CM14-0028480		
Date Assigned:	06/16/2014	Date of Injury:	01/13/2011
Decision Date:	08/12/2014	UR Denial Date:	02/17/2014
Priority:	Standard	Application Received:	03/06/2014

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 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 60-year-old male with a reported date of injury on 01/13/2011. The mechanism of injury was not submitted within the medical records. His diagnoses were noted to include post-traumatic chronic, daily, vascular-type headaches and dizziness with cognitive dysfunction; chronic myofascial pain syndrome to the cervical and thoracic spine; mild to moderate bilateral ulnar nerve entrapment of both elbows; hearing loss; chronic insomnia; chronic sinusitis; ethmoid and maxillary sinusitis; and chronic sprain injury to the bilateral shoulders, right greater than left. His previous treatments were noted to include trigger point injections, medications, and physical therapy. The progress note dated 11/07/2013 revealed the injured worker complained his headaches had been less intense with the current medication regimen, and complained of constant pain to the right shoulder rated 8/10 with frequent neck and upper back pain that rated 7/10, but was getting greater than 50% improvement with trigger point injections. The physical examination revealed the range of motion of the cervical spine was slight to moderately restricted in all planes, with range of motion in the thoracic was slightly restricted in all planes. There were multiple myofascial trigger points and taut bands noted throughout the cervical paravertebral, trapezius, levator scapula, scalene, infraspinatus, and thoracic paravertebral muscles. The Spurling's and compression test were both positive, and the range of motion to the right shoulder was noted to be slightly to moderately decreased in all directions. The Request for Authorization form was not submitted within the medical records. The request was for cyclobenzaprine 7.5 mg #90 due to muscle spasms.

IMR ISSUES, DECISIONS AND RATIONALES

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

CYCLOBENZAPRINE 7.5MG #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain) Page(s): 63.

Decision rationale: The injured worker has been utilizing this medication since at least 07/2013. The California Chronic Pain Medical Treatment Guidelines recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbation in patients with chronic low back pain. Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most low back pain cases, they show no benefit beyond NSAIDs in pain and overall improvement. Also, there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. Station is the most commonly reported adverse effect of muscle relaxant medications. The guidelines recommend a short-term use for muscle relaxants, and the injured worker has been taking this medication for over 6 months. The injured worker indicated 50% reduction in pain due to the medication regimen. However, there was not a recent, adequate, complete assessment submitted within the medical records. Additionally, the request failed to provide the frequency at which this medication is to be utilized. Therefore, the request is not medically necessary.