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| Case Number: | CM14-0037115 | | |
| Date Assigned: | 06/25/2014 | Date of Injury: | 11/12/1997 |
| Decision Date: | 08/19/2014 | UR Denial Date: | 03/14/2014 |
| Priority: | Standard | Application Received: | 03/27/2014 |

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 and Rehabilitation and is licensed to practice in Texas and Ohio. 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 72-year-old female with a reported date of injury on 11/12/1997. The mechanism of injury was not submitted within the medical records. Her diagnoses were noted to include chronic depressive personality disorder and myalgia and myositis. The progress note dated 03/07/2014 reported the injured worker complained of total body pain, chronic fatigue, and problems sleeping. The injured worker reported she felt better in terms of pain but still felt tired. The physical examination revealed no new joint swelling, a normal neurological examination, and trigger point tenderness was to 12+. Her medications were noted to include Ambien, Neurontin, Fexmid, and Flurbiprofen. The request for authorization form dated 03/07/2014 was for cyclobenzaprine 7.5 mg 1 tablet twice a day number 60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 5 mg #90 for 30 days: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63.

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

Decision rationale: The request for cyclobenzaprine 5 mg #90 for 30 days is non-certified. The injured worker has been utilizing this medication since at least 11/2013. The California Chronic Pain Medical Treatment Guidelines recommend nonsedating muscle relaxants with caution as a second line option for short-term treatment of acute exacerbations 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. Sedation is most commonly reported as adverse effect of muscle relaxant medications. The injured worker has been utilizing this medication for over 6 months and there is a lack of documentation regarding efficacy and improved functional status with utilization of this medication. Additionally, the request failed to provide the frequency at which this medication is to be utilized. Therefore, the request is non-certified.