

Case Number:	CM14-0179592		
Date Assigned:	11/04/2014	Date of Injury:	08/07/2014
Decision Date:	02/26/2015	UR Denial Date:	10/20/2014
Priority:	Standard	Application Received:	10/29/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: New Jersey

Certification(s)/Specialty: Family Practice

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 28 year old female injured worker suffered and industrial injury on 8/7/2014 while lifting heavy boxes of tile, the injured worker complained of pain in the neck, back and right shoulder. At the provider's visit of 8/7/2014 the diagnoses included cervical strain, lumbar strain and right shoulder strain. The injured worker reported the pain to be generalized at 9/10. In the interim, the injured worker was treated with medications, physical therapy, acupuncture with electrical stimulation and infrared therapy. On 8/14/2014 Cyclobenzaprine was added due to progressive paraspinal muscle spasms. The exam revealed an impaired gait ridged posture and decreased range of motion. On 8/26/2014 the TENS unit was trialed with beneficial results. The diagnosis was updated to include cervical radiculopathy, thoracic sprain/strain and lumbar sprain/strain. The magnetic resonance imaging of 8/29/2014 revealed a normal lumbar spine but positive cervical spine disc bulges. The injured worker continued to experience ongoing pain progress to the visit of 10/06/2014 where gabapentin and chiropractic therapy were added. The injured worker complained of decreased range of motion, numbness, tingling, and coldness to the right leg to the foot. The neck pain was constant and the right arm was weak. The UR decision on 10/29/2014 denied the request to continue Cyclobenzaprine as it was only recommended for 2 to 3 weeks and not intended for long term use.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 7.5mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 65.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-66.

Decision rationale: The MTUS Guidelines state that using muscle relaxants for muscle strain may be used as a second-line option for short-term treatment of acute exacerbations of chronic pain, but provides no benefit beyond NSAID use for pain and overall improvement, and are likely to cause unnecessary side effects. Efficacy appears to diminish over time, and prolonged use may lead to dependence. In the case of this worker, cyclobenzaprine was implemented on 8/14/14. Follow-up progress notes failed to report any measurable effect from the addition of this medication. No muscle spasms were reported subjectively or objectively in the progress notes. His reported pain level of 9/10 was not changed when comparing before and after the initiation of this medication. Regardless, the duration of use of cyclobenzaprine is already far beyond the recommended few weeks, and the worker is past the acute phase of this injury and is not in the chronic phase. Therefore, considering the above reasons, the cyclobenzaprine is not medically necessary to continue chronically as was prescribed.