

Case Number:	CM14-0192373		
Date Assigned:	11/26/2014	Date of Injury:	03/01/2013
Decision Date:	01/12/2015	UR Denial Date:	10/28/2014
Priority:	Standard	Application Received:	11/18/2014

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 Family Medicine, and is licensed to practice in New Jersey. 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:

This 42 year old female who sustained a work related injury on 3/1/2013. The mechanism of injury was not described. The current diagnoses are cervical, lumbar, and bilateral shoulder sprain and severe central stenosis C5-C6. According to the progress report dated 9/24/2014, the injured workers chief complaints were constant moderate-to-severe neck pain, 7-8/10 on a subjective pain scale. She reports radiation with numbness to hands. Additionally, she complained of anterior chest and low back pain. The injured worker stated "medications do help, but not a lot". The physical examination revealed exquisite tenderness at the cervical paravertebrals. Flexion and extension is somewhat restricted and painful. Bilateral shoulders revealed tenderness of the acromioclavicular joint and subacromial space. Range of motion was restricted in abduction, extension, and internal/external rotation. Thoracolumbar spine had tenderness throughout the thoracic lumbar paravertebrals. Range of motion of the lumbar spine was unrestricted. On this date, the treating physician prescribed Cyclobenzaprine 7.5mg qHS #30, which is now under review. In addition to Cyclobenzaprine, the treatment plan included MRI of the lumbar spine, smoking class, Norco, Motrin, Zantac, Peri-Colace, Ambien, home exercise program, and follow-up appointment. When Cyclobenzaprine was prescribed work status was modified. Restrictions included no repetitive bending, twisting, or stooping. No lifting greater than 10 pounds and no over-shoulder or over-head activities.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 7.5mg po qhs #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antispasmodics Page(s): 63-64.

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, she had been using cyclobenzaprine each night chronically leading up to this request for renewal, which is not the recommended use of this type of medication. Also, there was no evidence showing clearly that the worker was experiencing an acute flare-up of her muscle spasm which might have helped justified a short course of this medication. Also, there was no evidence to show functional benefit from its chronic use, which also might have helped justify its continuation. Therefore, the cyclobenzaprine is not medically necessary. Weaning may be necessary.