

Case Number:	CM14-0198322		
Date Assigned:	12/08/2014	Date of Injury:	06/01/2003
Decision Date:	01/23/2015	UR Denial Date:	10/31/2014
Priority:	Standard	Application Received:	11/25/2014

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 Neurology, has a subspecialty in Neuromuscular 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:

The patient is a 60-year-old woman who sustained a work-related injury on June 1, 2013. Subsequently, she developed chronic neck and upper extremity pain. According to the progress report dated May 9, 2014, the patient complained of aching left-sided neck pain, which she rated as a 5/10, with burning pain in the trapezius muscles. She also complained of burning pain in the bilateral shoulders, which she rated as a 4/10. She complained of aching right wrist pain that she rated as a 5/10. Examination of the cervical spine revealed tenderness at the occipital insertion of the paracervical musculature. There was significant tenderness bilaterally in the trapezii. The midline and base of the cervical spine was tender. The anterior chest wall was slightly tender secondary to mild contusion. The range of motion was restricted by pain. Full shoulder motion was accompanied by trapezius tenderness and pain. The patient had a mildly positive head compression sign, but the Spurling's maneuver was normal. Neurological testing was intact. Examination of the left elbow revealed the presence of tenderness in the medial epicondyle, lateral epicondyle, and olecranon process. Tinel's sign was present in the radial nerve and absent in the antecubital area and ulnar nerve. Motor power was weak in the elbow. Elbow range of motion was limited by pain. Examination of the bilateral hands revealed a decreased sensation with palpation over the fourth and fifth digit of the hands bilaterally. The patient was diagnosed with cervical disc protrusion, upper extremity overuse tendinitis, mild de Quervain's tendonitis, status post right shoulder arthroscopy, status post left shoulder arthroscopy, left shoulder impingement, left lateral/medial epicondylitis, right shoulder tendinopathy/partial rotator cuff tear, carpal tunnel syndrome, bilateral elbows ulnar neuropathy, status post left cubital tunnel release, and status post left endoscopic carpal tunnel release. The provider requested authorization to use Cyclobenzaprine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 7.5 mg #60 1 by mouth every 12 hours as needed with 3 refills: Upheld

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

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

Decision rationale: According to MTUS guidelines, Cyclobenzaprine a nonsedating muscle relaxants is recommended with caution as a second line option for short term treatment of acute exacerbations in patients with chronic spasm and pain. Efficacy appears to diminish over time and prolonged use may cause dependence. The guidelines do not recommend to be used for more than 2-3 weeks. The patient in this case does not have clear recent evidence of spasm and the prolonged use of Cyclobenzaprine is not justified. Therefore, the request for Cyclobenzaprine 7.5mg #60 is not medically necessary.