

Case Number:	CM14-0042172		
Date Assigned:	06/30/2014	Date of Injury:	04/26/2013
Decision Date:	03/27/2015	UR Denial Date:	03/06/2014
Priority:	Standard	Application Received:	04/09/2014

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: Pennsylvania
 Certification(s)/Specialty: Emergency Medicine

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 claimant was injured on 04/26/13. Cyclobenzaprine is under review. It appears that it has been prescribed for a prolonged period of time. EMG/NCV studies on 06/28/13 showed evidence of mild bilateral CTS. Lower extremity electrodiagnostic studies were normal. He had an MRI of the right shoulder on 07/03/13 that showed partial-thickness tearing and tendinopathy of the junction of the supraspinatus and infraspinatus tendons with a partial-thickness rim-rent tear involving the anterior insertional fibers of the supraspinatus tendon. There was mild bursitis. A lumbar MRI showed multilevel degenerative changes. A cervical MRI showed multilevel degenerative changes. He has had physical therapy that helped and more was ordered. He has continued to report numbness and tingling in the right thumb, index finger, and middle finger. There is some evidence of carpal tunnel syndrome on physical examination. CTR was recommended. His low back and right shoulder were worsening, headache, and dizziness. His range of motion and strength were described as decreased but were not quantified. He was prescribed cyclobenzaprine, Prilosec, and Ergot. He had some GI distress. Flexeril was prescribed on 09/30/13. He had spasm at that time. He saw Dr. [REDACTED]. On 02/17/14, he was worse and had pain with weakness and numbness. There was lumbar spine and right shoulder spasm. He had decreased range of motion and strength. Cyclobenzaprine, Protonix, and ergot/caffeine were recommended. On 03/01/14, acupuncture was recommended. The claimant underwent a urine drug screen on 12/09/13 and reportedly was taking Flexeril. On 03/31/14, cyclobenzaprine was ordered. The claimant has had extensive treatment. He was scheduled for

a right carpal tunnel release on 12/17/13. It was also recommended on 05/07/14. He has continued to have spasm.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 10mg: 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 Page(s): 74.

Decision rationale: The history and documentation do not objectively support the request for cyclobenzaprine. The MTUS state for cyclobenzaprine (Flexeril) may be "recommended as an option, using a short course of therapy. The effect is greatest in the first four days of treatment, suggesting that shorter courses may be better. (Browning, 2001). Treatment should be brief." Additionally, MTUS states "relief of pain with the use of medications is generally temporary and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity. Before prescribing any medication for pain, the following should occur: (1) determine the aim of use of the medication; (2) determine the potential benefits and adverse effects; (3) determine the patient's preference. Only one medication to be given at a time, and interventions that are active and passive should remain unchanged at the time of the medication change. A trial should be given for each individual medication. Analgesic medication should show effects within 1 to 3 days, ... A record of pain and function with the medication should be recorded. (Mens 2005) Uptodate for "Flexeril" also recommends "do not use longer than 2-3 weeks" and is for "short-term (2-3 weeks) use for muscle spasm associated with acute painful musculoskeletal conditions." The medical documentation provided does not establish the need for long-term/chronic usage of cyclobenzaprine, which MTUS guidelines advise against. Additionally, the medical records provided do not provide objective findings of relief of acute or chronic spasms. In this case, the claimant's pattern of use of this medication and trials of other first-line drugs such as acetaminophen and anti-inflammatories and the response to them, including relief of symptoms and documentation of functional improvement, have not been described. As such, this request for cyclobenzaprine hydrochloride 10 mg is not medically necessary.