

Case Number:	CM15-0104862		
Date Assigned:	06/10/2015	Date of Injury:	02/24/1995
Decision Date:	07/10/2015	UR Denial Date:	05/20/2015
Priority:	Standard	Application Received:	06/02/2015

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, Alabama, California
 Certification(s)/Specialty: Neurology, Neuromuscular 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 injured worker is a 58 year old female, who sustained an industrial injury on February 24, 1995. She reported neck pain, bilateral shoulders, bilateral arms, bilateral wrists and bilateral hands pain. The injured worker was diagnosed as having cervical spondylosis without myelopathy, and bilateral shoulder impingement syndrome. Treatment to date has included diagnostic studies, physical therapy, chiropractic care, acupuncture, medications and work restrictions. Currently, the injured worker complains of continued neck pain, bilateral shoulders, bilateral arms, bilateral wrists and bilateral hands pain. She noted the pain was severe and radiated from the neck top the legs with associated leg pain, tingling, numbness and weakness. The injured worker reported an industrial injury in 1995, resulting in the above noted pain. She was treated conservatively without complete resolution of the pain. Evaluation on May 4, 2015, revealed continued pain as noted. Continuing conservative therapies and surgical intervention on bilateral shoulders and the right foot was discussed as a treatment option. Medications were requested.

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, Cyclobenzaprine.

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

Decision rationale: According to MTUS guidelines, Cyclobenzaprine a non sedating 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.