

Case Number:	CM15-0132976		
Date Assigned:	07/23/2015	Date of Injury:	09/12/2012
Decision Date:	09/29/2015	UR Denial Date:	06/11/2015
Priority:	Standard	Application Received:	07/09/2015

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: California, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, Pain Management

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 32 year old female, who sustained an industrial injury on September 12, 2012. The mechanism of injury was not provided in the medical records. The injured worker has been treated for neck, left shoulder and left upper extremity complaints. The diagnoses have included left shoulder sprain, severe chronic left neck pain, complex regional pain syndrome of the left upper extremity, chronic left shoulder adhesive capsulitis, chronic left lateral epicondylitis, intermittent severe headaches, intermittent stomach pain, gastroenteritis due to medications, chronic constipation, history of seizure disorder and anxiety and depression. Treatment and evaluation to date has included medications. Prior conservative treatments were not provided in the medical records. The injured worker was noted to have tried Gabapentin, which caused night sweats and was discontinued. The injured worker was noted to be temporarily totally disabled. Current documentation dated May 21, 2015 notes that the injured worker reported an increase in left shoulder pain with radiation to the left underarm, left breast and left upper back. The injured worker also noted increased swelling of the left axillary area and left arm. The pain was characterized as constant, achy and burning. The injured worker experienced episodes of hot and cold of both the left arm and hand with associated weakness and numbness of the left arm and hand. The injured worker also noted left neck pain radiating to the left upper back and pain across the lower back. Examination of the cervical spine revealed drooping of the left shoulder as compared to the right, significant dystonia over the right side of the neck and persistent swelling over the left neck and left trapezius muscle as compared to the right. The left trapezius muscle showed severe induration, tenderness and a localized twitch

response consistent with trigger points. Range of motion was decreased. Examination of the upper extremities revealed abduction, flexion and extension of the left shoulder to be 0 degrees. There was severe tenderness over the left shoulder, left trapezius muscle, left anterior chest, left axilla and the entire left upper extremity. The treating physician's plan of care included a request for Cyclobenzaprine 7.5 mg # 60.

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 Cyclobenzaprine Page(s): 41.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-64.

Decision rationale: With regard to muscle relaxants, the MTUS CPMTG states: "Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. (Chou, 2007) (Mens, 2005) (Van Tulder, 1998) (van Tulder, 2003) (van Tulder, 2006) (Schnitzer, 2004) (See, 2008) Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement." Regarding Cyclobenzaprine: "Recommended for a short course of therapy. Limited, mixed-evidence does not allow for a recommendation for chronic use. Cyclobenzaprine is a skeletal muscle relaxant and a central nervous system depressant with similar effects to tricyclic antidepressants (e.g. amitriptyline). Cyclobenzaprine is more effective than placebo in the management of back pain, although the effect is modest and comes at the price of adverse effects." Per p41 of the MTUS guidelines, the effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. Treatment is recommended for the treatment of acute spasm limited to a maximum of 2-3 weeks. UDS that evaluate for cyclobenzaprine can provide additional data on whether the injured worker is compliant, however in this case there is no UDS testing for cyclobenzaprine. The documentation submitted for review indicates that the injured worker has been using this medication long-term since at least 12/2014. While it is noted that intermittent muscle spasms in her neck were relieved by Cyclobenzaprine 7.5mg bid, the medication is recommended only for short-term use, medical necessity cannot be affirmed. Therefore, the request is not medically necessary.