

Case Number:	CM15-0138213		
Date Assigned:	07/28/2015	Date of Injury:	06/20/2013
Decision Date:	09/01/2015	UR Denial Date:	06/25/2015
Priority:	Standard	Application Received:	07/16/2015

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: Colorado

Certification(s)/Specialty: Family Practice

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 male who sustained an industrial injury on June 20, 2013. He injured his left shoulder after pulling on a choker at work. He has reported neck and upper mid back pain and has been diagnosed with cervical sprain, thoracic strain, tenosynovitis left shoulder, and left sided cervical radiculitis. Treatment has included medications, medical imaging, and therapy. Per the records, patient experienced tightness and pulling sensation to the left side of the head. These sensations radiated to the left shoulder and left upper extremity with numbness and tingling to the left hand. EMG/NCV of the upper extremity dated November 21, 2014 revealed left sided C5-C7 cervical radiculopathy. The treatment plan included medications. The treatment request was for cyclobenzaprine.

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.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Treatments Page(s): 41-42, and 64.

Decision rationale: Per the Guidelines, Cyclobenzaprine, and other antispasmodics are recommended for musculoskeletal pain associated with spasm, but only for a short course. It has been shown to help more than placebo with back pain and fibromyalgia, but has several side effects that limit its use. Furthermore, Cyclobenzaprine works best in the first 4 days of use, so short courses are recommended, no more than 2-3 weeks. No quality consistent evidence exists to support chronic use of Cyclobenzaprine. Common side effects of Cyclobenzaprine include: anticholinergic effects (drowsiness, urinary retention and dry mouth). Sedative effects may limit use. Headache has been noted. This medication should be avoided in patients with arrhythmias, heart block, heart failure and recent myocardial infarction. Side effects limit use in the elderly. (See, 2008) (Toth, 2004) The clinical records supplied indicate patient has been taking Cyclobenzaprine greater than 3 months. Furthermore, the Primary treating physician notes in the last 3 months clearly indicate patient comes in for each appointment not having taken his medications, with pain level 7/10, so there is no documentation that patient's medication regimen is taken as prescribed and /or is effective (no pain ratings when on medication). As there is no support, per the guidelines, for long-term use, and as the records supplied do not provide evidence that the Cyclobenzaprine is of benefit, the request for Cyclobenzaprine is not medically indicated.