

Case Number:	CM15-0138527		
Date Assigned:	07/28/2015	Date of Injury:	02/07/2014
Decision Date:	08/25/2015	UR Denial Date:	06/19/2015
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: California

Certification(s)/Specialty: Preventive Medicine, Occupational 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 50-year-old male who sustained an industrial injury on 02/07/14. Initial complaints include low back, right shoulder, and left knee pain. Initial diagnoses are not available. Treatments to date include medications, physical and aqua therapy, right shoulder injections, knee brace, sling, back brace, chiropractic treatments, home exercise program, and right shoulder surgery. Diagnostic studies include electro diagnostic studies of the bilateral upper extremities on 04/23/15, which were normal, and MRIs of the right shoulder, left knee, and low back, which were not available for review in the submitted documentation. A MRI of the cervical spine on 03/17/15 showed posterior disc protrusions at C5-7. Current complaints include neck, lower back, left knee pain, shortness of breath, and anxiety. Current diagnoses include cervical and lumbar spine sprain and strain, rule out herniated nucleus pulposus. In a progress note dated 05/27/15 the treating provider reports the plan of care as continued home exercise program, Flexeril, Acupuncture, and follow up with psyche and pulmonologist, and follow-up for chest pain and shortness of breath. The requested treatments include Cyclobenzaprine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro, DOS unknown Cyclobenzaprine 10mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine Section, Muscle Relaxants (for pain) Section Page(s): 41, 42, 63, 64.

Decision rationale: Cyclobenzaprine is recommended by the MTUS Guidelines for short periods with acute exacerbation, but not for chronic or extended use. These guidelines report that the effect of Cyclobenzaprine is greatest in the first four days of treatment. Cyclobenzaprine is associated with drowsiness and dizziness. In this case, there is no indication of spasm on exam. Additionally, the injured worker has taken Cyclobenzaprine for an extended time, which is not supported by the guidelines. Chronic use of Cyclobenzaprine may cause dependence, and sudden discontinuation may result in withdrawal symptoms. Discontinuation should include a tapering dose to decrease withdrawal symptoms. This request however is not for a tapering dose. The request for retro, DOS unknown Cyclobenzaprine 10mg #60 is determined to not be medically necessary.