

Case Number:	CM15-0145507		
Date Assigned:	08/06/2015	Date of Injury:	09/12/2012
Decision Date:	09/25/2015	UR Denial Date:	06/30/2015
Priority:	Standard	Application Received:	07/27/2015

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 32 year old female who sustained a work related injury September 12, 2012. Past history included seizure disorder. According to the most recent pain management re-evaluation, dated May 21, 2015, the injured worker presented with severe chronic left shoulder pain, left arm, left hand pain with swelling, discoloration and sensitivity; severe chronic left neck pain with left neck swelling; severe chronic headaches; intermittent stomach pain; chronic constipation. She reports Hydrocodone-acetaminophen reduces her pain from 9 down to 4, lasting several hours. Naproxen and Dendracin lotion provide improvement. Gabapentin gave her side effects, as well as non-steroidal anti-inflammatory medications, which caused severe stomach pain and were discontinued. She still has extreme difficulty with using the left arm. She can perform simple household duties including light meal preparation and some personal hygiene but needs help to dress. Physical examination revealed; significant dystonia over the right side of the neck with the head tilted to the right 7 degrees; persistent dystonia over the left neck and left trapezius muscle compared to the right, trigger points, right trapezius; limited range of motion of the left elbow; left hand warmer to touch with increased diaphoresis compared to the right, slightly blueish in color, and a well healed second degree burn in the dorsal aspect of the left hand. Diagnoses are complex regional pain syndrome, left upper extremity; chronic severe left cervical sprain with radicular symptoms; adhesive capsulitis; left lateral epicondylitis; intermittent headaches. At issue, is the request for authorization 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 Muscle relaxants (for pain).

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 exacerbations, 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, the injured worker has used this medication for some time for chronic pain. Long-term use of this medication is not supported by the established guidelines. The request for Cyclobenzaprine 7.5mg #60 is not medically necessary.