

Case Number:	CM15-0166735		
Date Assigned:	09/25/2015	Date of Injury:	08/18/2007
Decision Date:	10/30/2015	UR Denial Date:	07/24/2015
Priority:	Standard	Application Received:	08/25/2015

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: North Carolina

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 53 year old female who sustained an industrial injury on 08-18-2007. According to a progress report dated 07-17-2015, the injured worker reported pain in the left clavicular, left anterior shoulder, left cervical dorsal, left posterior shoulder, left posterior arm, left mid thoracic, left posterior elbow, left anterior arm, upper thoracic, left posterior forearm, left posterior wrist, left posterior hand, left anterior elbow, left anterior forearm, left anterior wrist and left anterior hand. Current discomfort was rated 7 on a scale of 10 with 10 being the worst and was noticeable approximately 100% of the time. At its worst, pain was rated 9, and at its best was a 5. Objective findings included palpable tenderness at left anterior shoulder and left anterior wrist, decreased range of motion in the left shoulder, positive impingement, positive empty can, 4 plus tendon reflexes on the right and decreased range of motion in the wrist with flexion, extension and ulnar deviation left. Assessment included carpal tunnel syndrome, hypertension and status post op. The injured worker was scheduled to see an internal medicine specialist on 07-28-2015 regarding shortness of breath, hypertension and gastropathy. She was scheduled to see an orthopedic specialist regarding the left shoulder on 07-22-2015. The provider noted that the injured worker showed anxiety and depression and therefore was recommending a psychology consult. The follow medications were prescribed: FCL cream, Ibuprofen and Cyclobenzaprine. The injured worker was temporarily totally disabled for 45 days. An authorization request dated 07-17-2015 was submitted for review. The requested services included request for medical records, hand specialist report, psychology consult FCL cream, Ibuprofen, Cyclobenzaprine and a follow up visit. Documentation submitted for review shows that the injured worker had been prescribed Cyclobenzaprine on 04-16-2015 at which time the provider noted that the injured worker could return to work with restrictions. On 07-24-2015, Utilization Review non-certified the request for Cyclobenzaprine 10 mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 10mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

Decision rationale: The California chronic pain medical treatment guidelines section on muscle relaxants 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. Also there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. (Homik, 2004) (Chou, 2004) This medication is not intended for long-term use per the California MTUS. The medication has not been prescribed for the flare-up of chronic low back pain but rather ongoing neck and shoulder pain. This is not an approved use for the medication. For these reasons, criteria for the use of this medication have not been met. Therefore, the request is not medically necessary.