

Case Number:	CM15-0023447		
Date Assigned:	02/13/2015	Date of Injury:	11/19/1996
Decision Date:	03/31/2015	UR Denial Date:	02/03/2015
Priority:	Standard	Application Received:	02/09/2015

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, Indiana, New York
Certification(s)/Specialty: Internal 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 60 year old female with an industrial injury dated 11/19/1996. Her diagnoses include cervical strain/sprain, bilateral carpal tunnel syndrome, lumbar spine discopathy, psychiatric complaints, and fibromyalgia. No recent diagnostic testing was submitted or discussed. Previous treatments have included conservative care, medications, aquatic therapy and home exercise program. In a progress note dated 01/06/2015, the treating physician reports continued bilateral shoulder pain and bilateral wrist pain. The objective examination revealed tenderness to palpation in the lumbar spine, tenderness to palpation in the bilateral dorsal thenar, and positive Tinel's and Phalen's sign bilaterally. The treating physician is requesting cyclobenzaprine which was modified by the utilization review. On 02/03/2015, Utilization Review modified a prescription for cyclobenzaprine 7.5mg twice daily as needed #60 to approval for cyclobenzaprine 7.5mg #15 for weaning, noting that there was no spasms noted on the exam and this medication is not recommended for long term use. The MTUS Guidelines were cited. On 02/09/2015, the injured worker submitted an application for IMR for review of cyclobenzaprine 7.5mg twice daily as needed #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 7.5mg bid PRN #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine Page(s): 64.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-66. Decision based on Non-MTUS Citation Pain section, Muscle relaxants

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Cyclobenzaprine 7.5 mg the BID PRN #60 is not medically necessary. Muscle relaxants are recommended as a second line option short-term (less than two weeks) of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain. Efficacy appears to diminish over time and prolonged use may lead to dependence. In this case, the injured worker's working diagnoses are cervical spine strain/sprain; bilateral carpal tunnel syndrome; lumbar spine discopathy; psychiatric complaints and fibromyalgia. Subjectively, the injured worker has continued complaints of bilateral shoulder pain and wrist pain but the pain is manageable. Objectively, there is no tenderness to palpation overlying the cervical spine. There is tenderness palpation over the lumbar spine. The documentation shows the injured worker was using Tizanidine (a muscle relaxant) as far back as 2011. Tizanidine was prescribed through October 7, 2014. A progress note dated January 6, 2015 contains a refill request for cyclobenzaprine 7.5 mg. There is no documentation with the clinical rationale for the change from Tizanidine to cyclobenzaprine. Additionally, there is no evidence of objective functional improvement associated with either Tizanidine or Cyclobenzaprine. Cyclobenzaprine (and Tizanidine) is indicated for short-term (less than two weeks) treatment of acute low back pain or short-term treatment of acute exacerbations of low back pain in patients with chronic low back pain. There is no documentation of an acute exacerbation. The treating physician has clearly exceeded the guidelines by using muscle relaxants (Tizanidine) cyclobenzaprine in excess of two weeks. Consequently, absent clinical documentation with objective functional improvement to gauge the ongoing efficacy of muscle relaxants, in general, well in excess of the recommended guidelines (7 to 10 days), Cyclobenzaprine 7.5 mg BID PRN #60 is not medically necessary.