

Case Number:	CM15-0215075		
Date Assigned:	11/04/2015	Date of Injury:	08/17/2010
Decision Date:	12/16/2015	UR Denial Date:	10/20/2015
Priority:	Standard	Application Received:	11/02/2015

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: Emergency 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 56 year old male, who sustained an industrial injury on 08-17-2010. He has reported injury to the neck, right shoulder, right elbow, and right wrist. The diagnoses have included displacement of cervical intervertebral disc without myelopathy; brachial neuritis or radiculitis; lumbago; and displacement of lumbar intervertebral disc without myelopathy. Treatment to date has included medications, diagnostics, activity modification, cervical epidural steroid injection, acupuncture, and home exercise program. Medications have included Naproxen, Nabumetone, Cyclobenzaprine, and Omeprazole. A progress report from the treating provider, dated 10-06-2015, documented an evaluation with the injured worker. The injured worker reported that he is still having pain in the shoulder, elbow, and wrist on the right; the pain is described as sharp, shooting, and burning; acupuncture was helpful for his pain symptoms; the visual analog scale score went down to 6 out of 10 in intensity after acupuncture; he reported 100% reduction in pain in the neck status post cervical steroid injection, C7-T1, on 12-02-2014; and this also improved overall function, reduced reliance on pain medications, and improved quality of sleep. Objective findings included cervical spine range of motion is full in all planes; and motor strength is 5 out of 5 and symmetric throughout the bilateral upper extremities, except 4+ out of 5 in the biceps and triceps, and 4+ out of 5 on right ankle plantar flexion. The treatment plan has included the request for Cyclobenzaprine 7.5mg twice a day #60. The original utilization review, dated 10-20-2015, non-certified the request for Cyclobenzaprine 7.5mg twice a day #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 7.5mg twice a day #60: Upheld

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

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

Decision rationale: The requested Cyclobenzaprine 7.5mg twice a day #60 is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Muscle Relaxants, Page 63-66, do not recommend muscle relaxants as more efficacious than NSAIDs and do not recommend use of muscle relaxants beyond the acute phase of treatment. The injured worker has pain in the shoulder, elbow, and wrist on the right; the pain is described as sharp, shooting, and burning; acupuncture was helpful for his pain symptoms; the visual analog scale score went down to 6 out of 10 in intensity after acupuncture; he reported 100% reduction in pain in the neck status post cervical steroid injection, C7-T1, on 12-02-2014; and this also improved overall function, reduced reliance on pain medications, and improved quality of sleep. Objective findings included cervical spine range of motion is full in all planes; and motor strength is 5 out of 5 and symmetric throughout the bilateral upper extremities, except 4+ out of 5 in the biceps and triceps, and 4+ out of 5 on right ankle plantar flexion. The treating physician has not documented duration of treatment, spasticity or hypertonicity on exam, intolerance to NSAID treatment, nor objective evidence of derived functional improvement from its previous use. The criteria noted above not having been met, Cyclobenzaprine 7.5mg twice a day #60 is not medically necessary.