

Case Number:	CM15-0044045		
Date Assigned:	03/13/2015	Date of Injury:	06/27/2013
Decision Date:	04/23/2015	UR Denial Date:	02/28/2015
Priority:	Standard	Application Received:	03/09/2015

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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 51-year-old male who sustained a work related injury on June 27, 2013, straining his right arm while lifting a wheelchair. He was diagnosed with cervical musculoligamentous sprain, chronic radiculitis, right shoulder tendinitis, right elbow epicondylitis, and right wrist sprain. Treatment included physical therapy, chiropractic treatment, muscle relaxants, anti-inflammatory drugs, electromyogram and nerve conduction velocity studies, topical pain creams and pain medications. Currently, the injured worker complained of neck pain, spasms in the mid upper back pain with radiation into the right lower extremity, right shoulder pain, right elbow pain and numbness in the wrist and right hand. Authorization was requested for one prescription of Cyclobenzaprine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 5mg, #60 (2x a day): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-64; 80.

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

Decision rationale: According to the 02/05/2015 report, this patient presents with "pain in the neck, mid/upper back, right shoulder, and right elbow, as well as pain in the lower back that radiates to the right lower extremity." The current request is for Cyclobenzaprine 5mg, #60 (2x a day). The request for authorization is on 02/20/2015. The patient's disability status is "remains temporarily totally disabled until his next follow-up evaluation in 4 weeks." For muscle relaxants for pain, the MTUS Guidelines page 63 state "Recommended non-sedating muscle relaxants with caution as a second line option for short term treatment of acute exacerbation in patients with chronic LBP. Muscle relaxants may be effective in reducing pain and muscle tension and increasing mobility; however, in most LBP cases, they showed no benefit beyond NSAIDs and pain and overall improvement." A short course of muscle relaxant may be warranted for patient's reduction of pain and muscle spasms. Review of the available records indicates that this patient has been prescribed this medication longer then the recommended 2-3 weeks. The treating physician is requesting Cyclobenzaprine #60 and this medication was first noted in this report. Cyclobenzaprine is not recommended for long term use. The treater does not mention that this is for a short-term use to address a flare-up or an exacerbation. Therefore, the current request IS NOT medically necessary.