

Case Number:	CM15-0056166		
Date Assigned:	04/15/2015	Date of Injury:	04/05/2004
Decision Date:	05/14/2015	UR Denial Date:	03/18/2015
Priority:	Standard	Application Received:	03/24/2015

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: New Jersey, Alabama, California
 Certification(s)/Specialty: Neurology, Neuromuscular 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 35 year old male, who sustained an industrial injury on April 5, 2004. He reported neck and shoulder injuries and a continuous trauma injury of the left elbow. The injured worker was diagnosed as having left elbow pain, cervical discopathy, carpal tunnel syndrome/double crush syndrome, cervicgia, rule out internal derangement of the left shoulder, and left medial epicondylitis and possible cubital tunnel syndrome. Treatment to date has included x-rays, MRI, electrodiagnostic studies, physical therapy with traction for the cervical spine, and medications. On February 18, 2015, the injured worker complains of constant, sharp cervical spine pain radiating to into the upper extremities, left greater than right. Associated symptoms include migrainous headaches, tension between the shoulder blades, and numbness and tingling in the upper extremities. The pain is rated 7/10. The cervical spine pain is aggravated by pulling, pushing, lifting, forward reaching, and working at or above the shoulder level. He has frequent, dull pain of the left shoulder and intermittent, dull pain of the right shoulder, which is worsening. The pain is rated 6/10. The bilateral shoulder pain is aggravated by lifting, gripping, grasping, pulling, pushing, and working at or above the shoulder level. In addition, he complains of intermittent, sharp left elbow pain that is aggravated by lifting, gripping, grasping, pulling, pushing, and torquing activities. The elbow pain is rated 2-3/10. The physical exam revealed cervical spine paravertebral muscles tenderness and spasm, positive axial loading compression testing, limited range of motion with pain, no instability, and numbness and tingling into the lateral forearm and hand, greater over the thumb and middle finger, which correlates with cervical 6 and cervical 7 dermatomal patterns. There was decreased strength of the cervical 6

and cervical 7 innervated muscles and asymmetric triceps reflexes. The left shoulder exam revealed pain and tenderness in the anterior glenohumeral region and subacromial space with the majority of his symptomology appearing to be radicular pain overlapping the shoulder. His symptoms were reproducible with internal rotation and forward flexion, no instability, and no swelling. The left elbow exam revealed medial epicondyle tenderness, positive Tinel's sign, full but painful range of motion, no instability, and dysesthesia at the two ulnar digits. The wrists and hands exam revealed extension of symptoms into the upper extremities consistent with double crush, reproducible symptoms in the median nerve distribution, full but painful range of motion, no instability, and decreased sensation in the radial digits. The requested treatments are cyclobenzaprine, Tramadol, and Sumatriptan Succinate.

IMR ISSUES, DECISIONS AND RATIONALES

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

120 Cyclobenzaprine 7.5mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril, Amrix, Fexmid, generic available).

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

Decision rationale: According to MTUS guidelines, Cyclobenzaprine a non sedating muscle relaxants is recommended with caution as a second line option for short term treatment of acute exacerbations in patients with chronic spasm and pain. Efficacy appears to diminish over time and prolonged use may cause dependence. The guidelines do not recommend being used for more than 2-3 weeks. The patient in this case does not have clear recent evidence of spasm. There is evidence of functional improvement with the previous use of Cyclobenzaprine. Therefore, the request for Cyclobenzaprine 7.5mg #120 is not medically necessary.