

Case Number:	CM14-0156055		
Date Assigned:	09/25/2014	Date of Injury:	05/09/2007
Decision Date:	10/27/2014	UR Denial Date:	08/16/2014
Priority:	Standard	Application Received:	09/23/2014

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. The expert reviewer is Board Certified in Family Medicine and is licensed to practice in Ohio. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 with a date of injury of May 9, 2007. Her diagnoses include chronic cervical strain, degenerative disc disease of the cervical and lumbar spine, herniated discs of the lumbar and cervical spine, upper extremity radiculitis, left lower extremity radiculitis, bilateral shoulder impingement syndrome, hypertension, and depression. One progress note is available for review that being from July 2 of 2014. The injured worker was complaining of moderate to severe pain in shoulders, the neck, and the low back. She was complaining of numbness and tingling to both hands. The note reflects that some functional improvement in pain relief was had with pain medication. The physical exam revealed tenderness to palpation and spasm in the paraspinal musculature of the lumbar spine with diminished range of motion of the lumbar spine. There was tenderness to palpation of the cervical paraspinal musculature. There was tenderness and diminished range of motion with positive impingement signs for both shoulders. It was noted that cyclobenzaprine was refilled on July 2, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 7.5mg #90 for th cervical and lumbar spine: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chronic Pain, Muscle Relaxants for Pain

Decision rationale: Per the Official Disability Guidelines, Cyclobenzaprine is recommended for a short course of therapy. Limited, mixed-evidence does not allow for a recommendation for chronic use. Cyclobenzaprine is a skeletal muscle relaxant and a central nervous system depressant with similar effects to tricyclic antidepressants (e.g. amitriptyline). Cyclobenzaprine is more effective than placebo in the management of back pain, although the effect is modest and comes at the price of adverse effects. It has a central mechanism of action, but it is not effective in treating spasticity from cerebral palsy or spinal cord disease. Cyclobenzaprine is associated with a number needed to treat of 3 at 2 weeks for symptom improvement. The greatest effect appears to be in the first 4 days of treatment. This medication is not recommended to be used for longer than 2-3 weeks. In this instance, while spasm is documented on the physical exam, the intention is to clearly use the cyclobenzaprine chronically. Therefore, Cyclobenzaprine 7.5mg #90 is not medically necessary under the Official Disability Guidelines.