

Case Number:	CM14-0082923		
Date Assigned:	07/21/2014	Date of Injury:	07/14/2010
Decision Date:	09/19/2014	UR Denial Date:	05/07/2014
Priority:	Standard	Application Received:	06/04/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine and is licensed to practice in California. 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 patient is a 42 year old with an injury date on 7/14/10. Patient complains of severe, chronic cervical pain and bilateral upper extremity pain per 4/22/14 report. Patient has a history of depression, myofascial pain, and opiate tolerance, and is currently taking Cyclobenzaprine, Gabapentin, Klonopin, Lansoprazole, Norco, and Relafen per 4/22/14 report. Based on the 4/22/14 progress report provided by [REDACTED] the diagnoses are myalgia and myositis not otherwise specified, cervicgia, chronic pain syndrome, osteoarthritis not otherwise specified, depressive disorder not elsewhere classified, neuralgia, neuritis, and radiculitis not otherwise specified, sleep disturbance not otherwise specified and encounter for long-term use of other medications. Exam on 4/22/14 showed "normal gait. Normal neurological function." No range of motion testing was recorded in provided reports. [REDACTED] is requesting cyclobenzaprine 7.5mg #60 and klonopin 0.5mg #30. The utilization review determination being challenged is dated 5/7/14. [REDACTED] is the requesting provider, and he provided treatment reports from 9/5/13 to 5/21/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 7.5 mg # 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official disability guidelines, Pain Chapter.

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

Decision rationale: This patient presents with neck pain and bilateral upper extremity pain. The treater has asked for cyclobenzaprine 7.5mg #60 on 4/22/14. Patient has been taking cyclobenzaprine since 1/14/14. Regarding muscle relaxants for pain, MTUS recommends with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. In this case, there is no documentation of an exacerbation. The patient is suffering from chronic low back pain and the treater does not indicate that this medication is to be used for short-term. MTUS only supports 2-3 days use of muscle relaxants if it is to be used for an exacerbation. In this case, the patient has been taking cyclobenzaprine for 3 months, but MTUS only recommends it for short term use (2-3 days) The requested cyclobenzaprine 7.5mg #60 is not indicated at this time. Recommendation is for denial.

Klonopin 0.5 mg # 30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Chronic benzodiazepines are the treatment of choice in very few conditions. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. A more appropriate treatment for anxiety disorder is an antidepressant. Tolerance to anticonvulsant and muscle relaxant effects occurs within weeks. (Baillargeon, 2003) (Ashton, 2005) Page(s): 24.

Decision rationale: This patient presents with neck pain and bilateral upper extremity pain. The treater has asked for klonopin 0.5mg #30 on 4/22/14. The patient has been taking Klonopin since 1/14/14. Regarding benzodiazepine, MTUS recommends for a maximum of 4 weeks, as long-term efficacy is unproven and there is a risk of dependence. In this case, the patient has been taking Klonopin for 3 months, while MTUS recommends for only a 4 week duration. The requested Klonopin 0.5mg #30 is not indicated at this time. Recommendation is for denial.