

Case Number:	CM15-0010036		
Date Assigned:	01/27/2015	Date of Injury:	12/22/2012
Decision Date:	03/17/2015	UR Denial Date:	12/29/2014
Priority:	Standard	Application Received:	01/16/2015

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: Montana

Certification(s)/Specialty: Preventive Medicine, Occupational 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 58 year old female with an industrial injury dated 12/22/2012. The mechanism of injury is documented as a fall with a left distal radius fracture. She presents on 12/18/2014 with complaints of pain in left wrist with radiation to left shoulder. She reports tingling/numbness in thumb with limited range of motion of left upper extremity. She also complained of right knee pain. Physical exam revealed decreased range of motion in the left wrist. Sensation was decreased in left hand and forearm. Finkelstein was positive. There was distal radial joint tenderness on palpation along with increased sweating in the left hand and palm. No muscle spasm is documented in the medical records. Her diagnoses are reflex sympathetic dystrophy of upper extremities, worse on the left, and status post left distal radial fracture. Prior treatments included diagnostics, acupuncture, physical therapy and medications. Use of cyclobenzaprine is documented since at least July of 2014. On 12/29/2014 the request for Cyclobenzaprine 7.5 mg # 90 was non-certified by utilization review. MTUS Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 7.5Mg x 90, with 0 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-64.

Decision rationale: The MTUS notes that cyclobenzaprine is an antispasmodic medication, recommended for a short course of therapy with the greatest benefit occurring within the first 4 days. Cyclobenzaprine is not recommended to be used for longer than 2-3 weeks. The MTUS recommends non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations 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 show no benefit beyond NSAIDs in pain and overall improvement. Also there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. Sedation is the most commonly reported adverse effect of muscle relaxant medications. These drugs should be used with caution in patients driving motor vehicles or operating heavy machinery. 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. In this case the medical records show that cyclobenzaprine was prescribed at least since July 2014 without documented muscle spasm or evidence of any clinical or functional improvement related to its use. The continued use of cyclobenzaprine is not consistent with the MTUS guidelines which state that it is recommended for short-term use only. The request for cyclobenzaprine 7.5 mg #90 is not medically necessary.