

Case Number:	CM15-0017026		
Date Assigned:	02/02/2015	Date of Injury:	02/07/2013
Decision Date:	05/29/2015	UR Denial Date:	01/06/2015
Priority:	Standard	Application Received:	01/26/2015

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 45 year old female, who sustained an industrial injury on 02/07/2013. The initial complaints or symptoms included upper and lower back pain/injury which later resulted in pain to the right shoulder due to continuation of working after the event. The initial diagnoses were not mentioned in the clinical notes. Treatment to date has included conservative care, medications, x-rays, MRIs, and electrodiagnostic testing. Currently, the injured worker complains of constant aching in the neck, often becoming sharp and shooting pain that radiated to the arms and hands, frequent headaches, neck stiffness, constant shoulder pain (bilaterally), episodes of numbness and tingling in both upper extremities, and constant upper and lower back pain that travels to both legs and feet. The diagnoses include cervical sprain, lumbar sprain, and sprain/strain of the shoulder and upper arm. The treatment plan consisted of cyclobenzaprine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 5/10 mg # 60: Upheld

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

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

Decision rationale: The patient was injured on 02/07/13 and presents with pain in her cervical spine, lumbar spine, bilateral shoulders, and bilateral hips. The request is for CYCLOBENZAPRINE 5/10 MG #60. There is no RFA provided and the patient is off of work. She has been taking this medication since 03/19/14. MTUS Guidelines page 63 66 states "muscle relaxants (for pain): Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbation in patients with chronic LBP. The most commonly prescribed antispasmodic agents are Carisoprodol, Cyclobenzaprine, Metaxalone, and Methocarbamol, but despite their popularity, skeletal muscle relaxants should not be the primary drug class of choice for musculoskeletal conditions. Cyclobenzaprine (Flexeril, Amrix, Fexmid, generic available): Recommend for a short course of therapy." The patient is diagnosed with cervical sprain, lumbar sprain, and sprain/strain of the shoulder and upper arm. There is tenderness in the posterior cervical spine and paracervical musculature with increased muscular tone, tenderness along the thoracolumbar spine and paralumbosacral soft tissues, and tenderness in the superior posterior aspect of the bilateral shoulders with tenderness over the right AC region. MTUS Guidelines do not recommend the use of Cyclobenzaprine for longer than 2 to 3 weeks. The patient has been taking Cyclobenzaprine as early as 03/19/14, which exceeds the 2 to 3 weeks recommended by MTUS Guidelines. Therefore, the requested Cyclobenzaprine IS NOT medically necessary.