

Case Number:	CM15-0115510		
Date Assigned:	06/23/2015	Date of Injury:	04/02/2012
Decision Date:	07/22/2015	UR Denial Date:	05/19/2015
Priority:	Standard	Application Received:	06/16/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 female, who sustained an industrial injury on 4/2/12. She reported initial complaints of neck pain that radiates to the right shoulder and right upper extremity with tingling/numbness to all of her fingertips. The injured worker was diagnosed as having pain in joint-shoulder region; neck pain; cervical radiculitis. Treatment to date has included medications. Currently, the PR-2 notes dated 5/12/15 indicated the injured worker complains her pain is 8/10 and describes her pain as burning, sharp-shooting, tingling, numbness, pinprick, stabbing, deep-pressure, tightness, spasms. The pain is aggravated by moving neck and lifting heavy objects. The pain is mildly alleviated by heat and Motrin. The impact of pain has been significant on her physical and emotional life. On physical examination it is noted the injured worker is hypertensive on this date (140/102). Her gait is non-antalgic and able to heel-toe walk. She demonstrates major postural abnormalities and muscle guarding/spasms. The right shoulder is one inch higher compared to the left. The cervical spine notes restricted range of motion in all planes with increased pain. Muscle guarding is also noted along the cervical paraspinal and trapezius muscle groups bilaterally. Motor strength is 5/5, sensory is normal to light touch. Pinprick, temperature along all dermatomes bilaterally in the upper extremities, except decreased right to all at C6, 7 and 8. DTR's are 2+ bilaterally and symmetrical. Spurling's + right and + facet loading right. The provider is requesting authorization of Cyclobenzaprine 7.5mg 1-2 by mouth at bedtime as needed, #90, 45 days, no refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 7.5mg 1-2 by mouth at bedtime as needed, #90, 45 days, no refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Cyclobenzaprine (Flexeril), (2) Muscle relaxants Page(s): 41, 63.

Decision rationale: The claimant sustained a work injury in April 2012 and continues to be treated for reading neck pain. When seen, she was not taking any medications. Pain was rated at 8/10. She had poor posture with muscle guarding and spasms. There was decreased right upper extremity sensation and positive right-sided Spurling's and facet testing. A 45 day supply of cyclobenzaprine was prescribed. Cyclobenzaprine is closely related to the tricyclic antidepressants. It is recommended as an option, using a short course of therapy and there are other preferred options when it is being prescribed for chronic pain. Although it is a second-line option for the treatment of acute exacerbations in patients with muscle spasms, short-term use only of 2-3 weeks is recommended. In this case, there was no exacerbation and the quantity being prescribed was consistent with more than 2-3 weeks of use. The request was not medically necessary.