

Case Number:	CM15-0122842		
Date Assigned:	07/07/2015	Date of Injury:	06/25/2002
Decision Date:	08/10/2015	UR Denial Date:	06/16/2015
Priority:	Standard	Application Received:	06/25/2015

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, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, 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 51 year old female, who sustained an industrial injury on 6/25/02. The diagnosis includes status post right shoulder arthroscopy with residual complex regional pain syndrome of the right upper extremity. Treatment to date has included medications, activity modifications, right stellate ganglion block, surgery, physical therapy, home exercise program (HEP) and thumb splint. Currently, as per the physician progress note dated 5/15/15, the injured worker complains of continued burning pain which has decreased since last visit. She reports having a second stellate ganglion block injection with 65 percent relief. She also reports that the numbness has decreased with improved range of motion and muscle strength. The physical exam reveals that there is tenderness with spasm over the cervical muscles into the trapezius bilaterally. The Spurling's sign is positive on the right. There is tenderness over the facet joints of the paraspinal muscles and bilateral trapezius muscles. The cervical spine range of motion is decreased in lateral rotation bilaterally. The injured worker is wearing a thumb splint. There is tenderness over the acromioclavicular joint (AC) bilaterally. The shoulder ranges of motion are decreased and the bilateral elbow ranges of motion are decreased. The current medications are not listed. The physician requested treatment included Cyclobenzaprine 7.5mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 7.5mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants, Cyclobenzaprine Page(s): 63-66.

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

Decision rationale: With regard to muscle relaxants, the MTUS CPMTG states: "Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. (Chou, 2007) (Mens, 2005) (Van Tulder, 1998) (van Tulder, 2003) (van Tulder, 2006) (Schnitzer, 2004) (See, 2008) 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." Regarding Cyclobenzaprine: "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." The documentation submitted for review indicates that the injured worker was prescribed Fexmid on 3/30/15. UDS that evaluate for cyclobenzaprine can provide additional data on whether the injured worker is compliant, however in this case there is no UDS testing for cyclobenzaprine. While there was documentation of cervical muscle spasm on exam, the date of injury is from 2002. Per the 5/15/15 note documentation of efficacy was not provided. Though the injured worker has trapezius muscle spasms, per p41 of the MTUS guidelines the effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. Cyclobenzaprine is recommended only for short-term use and as the injured worker has been using the medication for over 6 weeks without documentation of efficacy, the request is not medically necessary.