

Case Number:	CM15-0025504		
Date Assigned:	02/18/2015	Date of Injury:	05/23/2013
Decision Date:	04/03/2015	UR Denial Date:	01/09/2015
Priority:	Standard	Application Received:	02/10/2015

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: Texas, Florida

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 46 year old female, who sustained an industrial injury on 5/23/13. She has reported pain in the lower back and left shoulder related to a slip and fall accident. The diagnoses have included rotator cuff impingement, lumbar degenerative disc disease, lumbar disc protrusion and sleep disturbance. Treatment to date has included physical therapy, chiropractic, acupuncture, ultrasound treatments, TENS unit use and oral medications. As of the PR2 dated 12/29/14, the injured worker reports 7/10 pain in the shoulder that radiates to the neck. The treating physician performed a left trapezius trigger point injection. The treating physician requested a trial Cyclobenzaprine 7.5mg #30 and a refill of Cyclobenzaprine 7.5mg #30. On 1/9/15 Utilization Review non-certified a request for Cyclobenzaprine 7.5mg #30 and modified a request for Cyclobenzaprine 7.5mg #30 to Cyclobenzaprine 7.5mg #21. The utilization review physician cited the MTUS guidelines for chronic pain medical treatment. On 2/10/15, the injured worker submitted an application for IMR for review of Cyclobenzaprine 7.5mg #30 and Cyclobenzaprine 7.5mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

(1) Prescription of Cyclobenzaprine 7.5mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 41-42, 63-66. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Muscle Relaxants.

Decision rationale: The CA MTUS and the ODG guidelines recommend that muscle relaxants can be utilized for the short term treatment of exacerbation of musculoskeletal pain that did not respond to standard treatment with NSIADs and PT. The chronic use of muscle relaxants can lead to development of tolerance, dependency, sedation, addiction and adverse interaction with sedative medications. The records indicate that the patient had utilized muscle relaxant medication longer than the guidelines recommended period of 4 to 6 weeks. There is no documentation of objective findings of functional restoration or guidelines recommended compliance monitoring. The criteria for the use of cyclobenzaprine 7.5mg #30 was not met.

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 41-42, 63-66.

Decision rationale: The CA MTUS and the ODG guidelines recommend that muscle relaxants can be utilized for the short term treatment of exacerbation of musculoskeletal pain that did not respond to standard treatment with NSAIDs and PT. The chronic use of muscle relaxants can lead to the development of tolerance, dependency, sedation, addiction and adverse interaction with sedative medications. The records indicate that the patient had utilized muscle relaxant medication longer than the guidelines recommended period of 4 to 6 weeks. There is no documentation of objective findings of functional restoration or guidelines recommended compliance monitoring. The criteria for the use of cyclobenzaprine 7.5mg #30 was not met.