

Case Number:	CM15-0070069		
Date Assigned:	04/17/2015	Date of Injury:	10/31/2008
Decision Date:	05/27/2015	UR Denial Date:	03/26/2015
Priority:	Standard	Application Received:	04/14/2015

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 (IW) is a 57-year-old female who sustained an industrial injury on 10/31/2008. Diagnoses include status post right shoulder surgery, left shoulder pain, cervical pain, left wrist and elbow pain, rule out lumbar disc injury and radiculopathy and bilateral median neuropathy. Treatment to date has included medications, physical therapy, TENS and bracing. Diagnostics included electrodiagnostic testing. According to the progress notes dated 2/18/15, the IW reported pain in the left shoulder rated 5/10; the right shoulder rated 6/10; cervical region rated 5/10; left elbow rated 5/10; left wrist rated 5/10; right wrist rated 3/10 and the low back rated 6/10 with lower extremity symptoms greater on the right. A request was made for Cyclobenzaprine 7.5mg due to its efficacy for the IW and the failure of activity modification, stretching, heat, physical therapy and home exercise. The medications listed are Hydrocodone, Tramadol, pantoprazole, naproxen and cyclobenzaprine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 7.5mg #90 (dispensed 02/18/15): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 41-42. 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 when standard treatments with NSAIDs and PT have failed. The chronic use of muscle relaxants can be associated with the development of tolerance, dependency, sedation, addiction and adverse interactions with opioids and sedative medications. The records indicate that the patient have utilized muscle relaxants longer than the guidelines recommended maximum period of 4 to 6 weeks. The criteria for the continual use of cyclobenzaprine 7.5mg #90 DOS 2/18/2015 was not met, therefore is not medically necessary.