

Case Number:	CM13-0029821		
Date Assigned:	12/04/2013	Date of Injury:	08/09/2012
Decision Date:	01/23/2014	UR Denial Date:	09/05/2013
Priority:	Standard	Application Received:	09/27/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in Oklahoma and Texas 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 physician 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/services. He/She is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This patient is a 30-year-old female with a date of injury of 08/09/2012. At that time, she was attempting to do through a door and someone else was going through the opposite side, swung the door open onto her, striking her in the face. She subsequently sustained a fracture of the nasal bones. She was seen on 08/09/2012 for initial clinical assessment suggestive of a fracture of the nasal bone. She reported that she had been stunned and light headed, but had not lost consciousness. She reported no subsequent nausea, vomiting, or headaches. A CT of the nasal bones and facial bones showed a fracture of the nasal bones on the left side with mild angulations and there was no evidence of sinus damage or blood in the sinus cavities. She was seen on 06/06/2013 at which time medications included Tramadol, Cyclobenzaprine, and Fluoxetine, and Prozac. She admitted to neck and right upper extremity pain at that time. She stated following her nose surgery, she continued to feel dryness and discomfort to her nose, but was utilizing a saline spray. She returned on 07/23/2013 and was continued on Tramadol and Cyclobenzaprine and Prozac at that time. She was sent to a functional restoration program and medications as of 11/15/2013 included Ultracet, Flexeril, Fluoxetine, and Topiramate. She participated in 76 hours of a functional restoration program as of 11/27/2013 and it was noted that she was not equipped with the ability to cope with her chronic pain, leaving her dependent on medications which did not provide optimum pain relief or significant improvements in functioning. Medications at that time again included Ultracet, Flexeril, Fluoxetine, and Topiramate. Diagnoses included status post nasal fracture with septal deviation and surgical repair, post concussive syndrome, reactive depression, and myofascial pain in the right side of the neck and upper back. Plan going forward is to continue with Cyclobenzaprine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine-Flexeril 7.5mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine Page(s): 41-42.

Decision rationale: This request is for Cyclobenzaprine 7.5 mg. The records indicate that this claimant has been on this medication since at least 07/2013. Records indicate when she was seen for functional restoration program during the week of 11/25/2013 through 11/27/2013, it was noted that medications did not provide optimal pain relief or significant improvement in functioning. MTUS Chronic Pain Guidelines indicate that Cyclobenzaprine is recommended as an option, using a short course of therapy. It may be more effective than placebo in the management of back pain, but the effect is modest and comes at the price of greater adverse effects according to MTUS Chronic Pain Guidelines. MTUS Chronic Pain Guidelines indicate the effect is greatest in the first 4 days of treatment suggesting that shorter courses may be better and treatment should be brief. Cyclobenzaprine, according to MTUS Chronic Pain Guidelines is associated with the number needed to treat of 3 at 2 weeks for symptom improvement in low back pain and is associated with drowsiness and dizziness. The submitted records do not indicate this patient has significant muscle spasms for which this medication would be appropriate and the records indicate she has been on this medication for a significant length of time as opposed to the short course of therapy recommended by MTUS Chronic Pain Guidelines. Additionally, the overall efficacy of this medication has not been demonstrated as the record indicates during the functional restoration program, her medications did not provide optimum pain relief or significant improvement in functioning. As such, rationale for the continuation of this medication is not supported by the records and/or MTUS Chronic Pain Guidelines and this request is non-certified.