

Case Number:	CM14-0101173		
Date Assigned:	07/30/2014	Date of Injury:	10/23/2008
Decision Date:	09/22/2014	UR Denial Date:	06/19/2014
Priority:	Standard	Application Received:	07/01/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in California. 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/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:

The injured worker is a 58-year-old male with a reported date of injury on 10/23/2008. The mechanism of injury was due to lifting a machine. His diagnoses were noted to include cervical disc disease, cervicgia, lumbago, thoracic or lumbosacral neuritis or radiculitis, degeneration of lumbar or lumbosacral intervertebral disc, and myalgia and myositis. His previous treatments were noted to include chiropractic treatment and medications. The progress note dated 02/06/2014 revealed complaints of neck pain that radiated to the bilateral upper extremities, low back pain that radiated to the bilateral lower extremities, and bilateral knee pain. The provider indicated he was going to start the injured worker on Fexmid 7.5 mg twice a day as needed for muscle spasms. The physical examination revealed limited range of motion to the cervical spine secondary to increased pain, tightness, and stiffness. There was tightness, tenderness, and moderate trigger points noted in the cervical paravertebral, trapezius, levator scapulae, and supraspinatus and infraspinatus muscles bilaterally. The physical examination of the lumbar spine revealed limited range of motion in flexion and extension, secondary to increased pain, tightness, and stiffness. There was severe tenderness over the lumbar spinous processes and interspaces from L3-S1. There was moderate tenderness over the SI joints from L3-S1 bilaterally with a positive provocation test. There was tightness, tenderness, and trigger points in the lumbar paravertebral, quadratus lumborum, gluteus medius, and maximus and piriformis muscles bilaterally. There was a positive straight leg raise bilaterally and lower extremity reflexes were diminished at the left Achilles. The progress note dated 05/15/2014 revealed complaints of neck pain that radiated to the bilateral upper extremities, low back pain that radiated to the bilateral lower extremities, and bilateral knee pain. The injured worker described his pain as constant that was sharp, shooting, and tingling that radiated to the bilateral lower extremities. The injured worker indicated his pain was 6/10 and increased by activity,

movement, sitting a long time, and standing a long time. The injured worker indicated his pain was better by taking medications. The physical examination to the cervical spine revealed palpable trigger points noted in the muscles of the head and neck and over the cervical spine musculature bilaterally. There was significant tenderness over the cervical spinous processes and interspaces from C3-7. The physical examination of the lumbar spine revealed tenderness to palpation of the bilateral sacroiliac joint area. The injured worker had limited range of motion to the lumbar spine in flexion and extension, secondary to increased pain, tightness, and stiffness. There was severe tenderness over the lumbar spinous processes and interspaces from L3-S1. There was moderate tenderness over the facet joints from L3-S1 bilaterally with a positive provocation test. The provider indicated the injured worker had tightness, tenderness, and trigger points in the lumbar spine muscles bilaterally. The provider indicated the injured worker had myofascial pain syndrome of the cervical spine. The provider indicated the injured worker had bilateral sacroiliac joint pain and myofascial pain syndrome of the lumbar spine as well as bilateral knee pain. The Request for Authorization form was not submitted within the medical records. The request was for cyclobenzaprine 7.5 mg #90 as needed for muscle spasms.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 7.5mg # 90: Upheld

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

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

Decision rationale: The injured worker has been utilizing this medication since at least 02/2014. The California Chronic Pain Medical Treatment Guidelines recommend nonsedating muscle relaxants with caution as a second line option for short term treatment of acute exacerbations in patients with chronic low back pain. Muscle relaxants may be effective in reducing pain and muscle tension and increasing mobility. However, in most low back pain cases, they show no benefit beyond non-steroidal anti-inflammatory drugs (NSAIDs) in pain and overall improvement. Efficacy appears to diminish over time and prolonged use of some medications in this class may lead to dependence. There is a lack of documentation regarding efficacy of this medication. The Guidelines recommend short term use of muscle relaxants and the injured worker has been on this medication for at least 6 months. Additionally, the request failed to provide the frequency at which this medication is to be utilized. Therefore, the request is not medically necessary.