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| Case Number: | CM14-0104038 | | |
| Date Assigned: | 08/01/2014 | Date of Injury: | 11/29/2011 |
| Decision Date: | 09/09/2014 | UR Denial Date: | 07/02/2014 |
| Priority: | Standard | Application Received: | 07/07/2014 |

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 Emergency Medicine 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:

Patient has a reported date of injury on 11/29/2011. Mechanism of injury is described as a (left) L arm injury after being grabbed at work. Patient has a diagnosis of Radial styloid tenosynovitis, low back pain, carpal tunnel syndrome and cervical spinal stenosis. Patient has a diagnosis of "psychological disorder". Medical records reviewed. Patient complains of bilateral neck pains radiating to both shoulders and arms. Pain is 7/10 and improves to 6/10 with medications. Complaint is of bilateral neck stiffness. Also notes numbness to bilateral upper extremities and neck stiffness. Pain is reportedly worsening. Patient also complaining of right (R) arm pains. Also has various other pains including feet pains and diffuse muscle pains. Objective exam reveals patient in moderate distress. Patient appears anxious noted tingling in 4th and 5th fingers bilaterally with normal sensation, normal gait. Tenderness noted to midline over cervical spine. There is no noted swelling or muscle spasms or stiffness on exam. Range of motion of spine was not documented. MRI of Cervical Spine (5/3/12) reveals C5-6 10mm L posterolateral disc protrusion extending superiorly, severe R lateral recess and R foraminal narrowing. No central canal stenosis. Moderate foraminal is narrowing bilaterally at C4-5. Uncovertebral hypertrophy and facet arthropathy. Electromyogram (EMG) of R upper extremity (10/16/12) reveals mild carpal tunnel in R hand. No evidence of radiculopathy. Medications include ibuprofen, norco, meclizine, compazine and lidoderm. Patient also takes zofran intermittently. Patient has reportedly undergone physical therapy and is being managed by a Functional Restoration/Chronic pain management program. Patient has also reportedly received cervical epidural steroid injections with no improvement. Independent Medical Review is for Cyclobenzaprine 7.5mg #60. Prior UR on 7/2/14 recommended no-certification of cyclobenzaprine and approved Compazine and Meclizine.

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 Cyclobenzaprine (Flexeril) and Muscle relaxants Page(s): 41 & 64.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril) Page(s): 64.

Decision rationale: Cyclobenzaprine or Flexeril is a muscle relaxant. As per MTUS Chronic pain guidelines, it is recommended for muscle spasms. It is recommended in short term use and has mixed evidence for chronic use with no specific recommendation for chronic use. Patient has no documented muscle spasms on exam but self-reported muscle stiffness and chronic pain. The use of cyclobenzaprine in someone with no documented muscle spasms is not an indication as per MTUS Chronic pain guideline. Cyclobenzaprine is not medically necessary.