

Case Number:	CM14-0109695		
Date Assigned:	08/01/2014	Date of Injury:	10/27/2011
Decision Date:	10/03/2014	UR Denial Date:	06/26/2014
Priority:	Standard	Application Received:	07/14/2014

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 Family 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:

This is a male patient who reported an industrial injury on 10/27/2011, almost three (3) years ago, attributed to the performance of his usual and customary job tasks. The patient was being treated for a cervical sprain/strain; cervical spine DDD C6-C7; lumbosacral sprain/strain without radiculopathy; left-sided interscapular pain and weakness; history of head trauma with memory loss; sleep disturbance; vision disturbance; G.I. complaints; sleep disturbance; along with depression/anxiety. The patient was noted to be status post left shoulder rotator cuff repair on 3/5/2013 and right shoulder subacromial decompression on 9/19/1990. The patient was reported to complain of ongoing neck, shoulder, left upper arm and headaches with tinnitus. The objective findings on examination included bilateral paraspinal tenderness C4-C7; bilateral upper trapezius tenderness left greater than right; cervical spine with diminished range of motion; tenderness to palpation of the lumbar spine with decreased range of motion. The patient was recommended to have an evaluation with a neurologist and a pain specialist. The patient was prescribed Cyclobenzaprine 10 mg #60 along with ibuprofen 800 mg #60. Patient was also prescribed Nexium 40 mg #30; Zolpidem ER 12.5 mg #30; Tizanidine 2 mg #90; Norco 5/325 mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 10 MG. #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain); Antispasticity/Antispasmodics Drugs. Decision based on Non-

MTUS Citation Official Disability Guidelines (ODG) -Treatment in Workman's Compensation (TWC): Pain Procedure Summary; Antispasticity/Antispasmodics Drugs

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47;128,Chronic Pain Treatment Guidelines muscle relaxants for pain Page(s): 63-64. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain chapter-medications for chronic pain; muscle relaxants; cyclobenzaprine

Decision rationale: The prescription for Flexeril (cyclobenzaprine) 10 mg #60 is recommended for the short-term treatment of muscle spasms and not for the long-term treatment of chronic pain. The patient has been prescribed muscle relaxers on a long-term basis contrary to the recommendations of the CA MTUS. The patient is prescribed muscle relaxers on a routine basis for chronic pain. The muscle relaxers are directed to the relief of muscle spasms. The chronic use of muscle relaxants is not recommended by the CA MTUS, the ACOEM Guidelines, or the Official Disability Guidelines for the treatment of chronic pain. The use of muscle relaxants are recommended to be prescribed only briefly in a short course of therapy. There is no medical necessity demonstrated for the use of muscle relaxants for more than the initial short-term treatment of muscle spasms. There is a demonstrated medical necessity for the prescription of muscle relaxers on a routine basis for chronic neck and back pain. The cyclobenzaprine was used as an adjunct treatment for muscle and there is demonstrated medical necessity for the Cyclobenzaprine for the cited industrial injury. The continued prescription of a muscle relaxant was not consistent with the evidence-based guidelines. The California MTUS states that Cyclobenzaprine is recommended for a short course of therapy. Limited, mixed evidence does not allow for a recommendation for chronic use. Cyclobenzaprine is a skeletal muscle relaxant and a central nervous system depressant with similar effects to tricyclic antidepressants. Evidence-based guidelines state that this medication is not recommended to be used for longer than 2 to 3 weeks. There is no demonstrated medical necessity for the prescription of cyclobenzaprine 10 mg #60 for the effects of the industrial injury. The request is not medically necessary and appropriate.

Ibuprofen 800 mg. #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non-steroidal anti-inflammatory drugs (NSAIDs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines anti-inflammatory medications Page(s): 67-68. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain chapter--medications for chronic pain and NSAIDs

Decision rationale: The use of Ibuprofen 800 mg #60 is consistent with the currently accepted guidelines and the general practice of medicine for musculoskeletal strains and injuries; however, there is no evidence of functional improvement or benefit from this NSAID. The provider has not documented evidence of functional improvement with the use of the prescribed Ibuprofen. There is no evidence that OTC NSAIDs would not be appropriate for similar use for this patient. The prescription of Ibuprofen is not supported with appropriate objective evidence as opposed to the NSAIDs available OTC. The prescription of Ibuprofen should be discontinued

in favor of OTC NSAIDs. There is no provided evidence that the available OTC NSAIDs were ineffective for the treatment of inflammation. The prescription for Ibuprofen 800 mg #60 is not demonstrated to be medically necessary.