

Case Number:	CM14-0110206		
Date Assigned:	09/16/2014	Date of Injury:	04/04/2007
Decision Date:	11/24/2014	UR Denial Date:	07/10/2014
Priority:	Standard	Application Received:	07/15/2014

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 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 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 58 year old female patient who sustained a work related injury on 4/4/2007. The patient sustained the injury when was re-positioning the child on the bed and the child jerked. The current diagnoses include chronic pain syndrome and degeneration of cervical and lumbar intervertebral disc. Per the doctor's note dated 7/2/14, patient has complaints of pain in neck, right arm pain, paresthesia, numbness, in the right scapula and down to mid back Physical examination of the cervical region revealed tenderness of the paracervicals, the trapezius, and the rhomboid and trapezius trigger point pain, active range of motion: flexion (45 degree), extension (20 degree), and pain elicited by motion, diminished reflexes and normal sensation Physical examination of the lumbar spine revealed tenderness on palpation, normal gait and painful ROM. The current medication lists include Baclofen, clonazepam, bupropion, MS Contin, NorcoPepcid, zolpidem, valium and percocet and Cyclobenzaprine. The patient has had MRI of the right knee with normal findings; X-ray of the cervical spine on 6/27/14 that revealed multilevel degenerative changes, discspace narrowing, marginal osteophytes; X-ray of the lumbar spine on 6/27/14 that revealed multilevel degenerative changes and discspace narrowing, marginal osteophytes. The patient's surgical history include appendectomy and removal of tonsils. The patient had received an injection in the right knee. Any operative/ or procedure note was not specified in the records provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Baclofen 10mg #120 x 6 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
ANTISPASTICITY DRUGS- Baclofen Muscle relaxants (for pain) Baclofen (Lioresal, generic
a.

Decision rationale: Baclofen is a muscle relaxer used to treat muscle symptoms caused by multiple sclerosis, including spasm, pain, and stiffness. According to California MTUS, Chronic pain medical treatment guidelines, Baclofen "It is recommended orally for the treatment of spasticity and muscle spasm related to multiple sclerosis and spinal cord injuries." Any evidence of spasticity and muscle spasm related to multiple sclerosis and spinal cord injuries was not specified in the records provided. California MTUS, Chronic pain medical treatment guidelines recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP (low back pain). Per the guideline, "muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement. Also there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. Sedation is the most commonly reported adverse effect of muscle relaxant medications." Patient had a chronic injury and any evidence of acute exacerbations in pain and muscle spasm was not specified in the records provided. The date of injury for this patient is 4/4/07. As the patient does not have any acute pain and muscle spasm at this time, the use of muscle relaxants is not supported by the CA MTUS chronic pain guidelines. Furthermore as per guideline skeletal muscle relaxants show no benefit beyond NSAIDs in pain and overall improvement. The request for Baclofen 10mg #120 x 6 refills is not medically necessary.

Cyclobenzaprine 10mg #30 x 0 refills: Upheld

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

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

Decision rationale: Cyclobenzaprine is a muscle relaxant. Regarding the use of skeletal muscle relaxant CA MTUS guidelines cited below state "Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP... they show no benefit beyond NSAIDs in pain and overall improvement. Also there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. "Cyclobenzaprine is recommended for a short course of treatment for back pain. Patient had sustained a chronic injury and any evidence of acute exacerbations in pain and muscle spasm was not specified in the records provided. Furthermore as per cited guideline skeletal muscle relaxants do not show benefit beyond NSAIDs in pain and overall improvement. The patient's

medication list includes clonazepam, valium (diazepam). These medications have muscle relaxing effects and sedating effects. The pt has also been prescribed zolpidem which also has sedating properties. The rationale for the use of cyclobenzaprine in addition to these sedating medications is not specified in the records provided. The effect of these medications along with the cyclobenzaprine on the patient's alertness is not specified in the records provided. Therefore it is deemed that, this patient does not meet criteria for ongoing continued use of Cyclobenzaprine 10mg #30 x 0 refills. The medical necessity of Cyclobenzaprine 10mg #30 x 0 refills is not established for this patient.