

<b>Case Number:</b>	CM14-0112458		
<b>Date Assigned:</b>	08/04/2014	<b>Date of Injury:</b>	04/05/2010
<b>Decision Date:</b>	10/10/2014	<b>UR Denial Date:</b>	06/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/18/2014

### 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 Preventive 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:

According to the records made available for review, this is a 34-year-old female with a 4/5/10 date of injury and left carpal tunnel release on 5/14/14. At the time (4/17/14) of request for authorization for Over the Door Traction Unit and Flexeril 7.5Mg #60, there is documentation of subjective (neck pain) and objective (decreased normal lordosis over the cervical spine, tenderness to palpation and spasms over the lumbar paraspinal muscles, and positive Spurling's sign) findings, current diagnoses (cervical facet syndrome, cervical disc disease, and left shoulder strain), and treatment to date (medications (including ongoing treatment with Flexeril since at least 10/22/13)). 5/23/14 medical report identifies that the patient is experiencing radicular symptoms, the patient has been participation in home exercise program, which alone will not fully facilitate the recovery of the patient, and that the recovery of the patient and the need for the requested traction unit will be used as an adjunct therapy. In addition, medical report identifies that medications help the patient sleep, be relaxed, and deal with pain better. Regarding Flexeril, there is no documentation of the intention to treat over a short course (less than two weeks); and functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Flexeril use to date.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Over the Door Traction Unit:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173-174.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM), 2nd Edition, (2004) chapter 8 pages 173-174

**Decision rationale:** There has been no objective evidence provided by the treating physician to support medical necessity or to override the recommendations of evidence-based guidelines for the prescription of a home cervical traction unit. The medical record did not document the criteria recommended by evidence-based guidelines to support the medical necessity of the prescribed home cervical traction unit. The request for authorization of the cervical traction unit purchase for the diagnosis of a subjective cervical radiculopathy does not meet the criteria recommended by evidence-based Guidelines for the use of cervical traction devices. The treating physician has provided no objective evidence of a cervical radiculopathy other than reported sensory deficits. The MRI of the cervical spine does not document a nerve impingement radiculopathy. Electrodiagnostic studies of the bilateral upper extremities have a normal EMG and a normal NCS. There are no neurological deficits documented on physical examination to support the medical necessity of a cervical traction device. The patient has been diagnosed with cervical DDD but there is no MRI or electrodiagnostic evidence of a cervical radiculopathy. There is documented decrease in sensation along a dermatomal distribution to the upper extremity however, this is not corroborated with the MRI study of the cervical spine, or the Electrodiagnostic studies of the bilateral upper extremities. The patient does not meet the criteria recommended by evidence-based guidelines for the provision of a cervical traction unit. The patient only has subjective findings. There is no demonstrated failure of conservative treatment for this chronic injury. The patient is been authorized an updated MRI the cervical spine to evaluate for the possible nerve impingement radiculopathy. The authorization of an over the door cervical traction unit would clearly wait until the results of the MRI are documented. The CA MTUS and the ACOEM Guidelines do not recommend the use of cervical traction for neck pain. The diagnosis of acute or chronic neck pain without objective evidence of a cervical radiculopathy does not meet the requirements of the CA MTUS and the Official Disability Guidelines for the use of cervical traction. The documented subjective/objective physical findings by the treating physician are inconsistent with the criteria recommended by the CA MTUS and the ODG for the authorization of cervical traction units.

**Flexeril 7.5Mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for Pain), Cyclobenzaprine (Flexeril) Page(s): 4.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines muscle relaxants for pain Page(s): pages 63-64. Decision based on Non-MTUS Citation ODG) pain chapter-medications for chronic pain; muscle relaxants; cyclobenzaprine

**Decision rationale:** The prescription for Flexeril (cyclobenzaprine) 7.5 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 upper back pain. The cyclobenzaprine was used as an adjunct treatment for muscle and there is demonstrated medical necessity for the Cyclobenzaprine/Flexeril 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 7.5 mg #60 for the effects of the industrial injury.