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| Case Number: | CM14-0129277 | | |
| Date Assigned: | 08/18/2014 | Date of Injury: | 10/29/2009 |
| Decision Date: | 12/31/2014 | UR Denial Date: | 07/14/2014 |
| Priority: | Standard | Application Received: | 08/13/2014 |

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 Preventative Medicine, has a subspecialty in Occupational Medicine and is licensed to practice in Iowa. 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 patient is a 58 year old employee with date of injury 10/29/09. Medical records indicate the patient is undergoing treatment for discogenic cervical condition with facet inflammation C3 - C5 with headaches and shoulder girdle involvement. The patient has discogenic lumbar condition with lumbar facet inflammation; bilateral shoulder impingement and bilateral internal derangement knees. Right wrist joint inflammation with possible TFCC tear. Right ankle fracture. Chronic pain syndrome. Patient is s/p reduction and internal fixation left distal radius fracture; left knee arthroscopy, synovectomy and chondroplasty along the femoral condyle and trochlea as well as the patella, meniscectomy medially and laterally, synovectomy along the medial compartment and suprapatellar pouch and plica release; cortisone injections to bilateral knees and right shoulder. Subjective complaints include bilateral knee pain, right shoulder pain, headaches, numbness and tingling right wrist up into the forearm. Walking causes increased swelling, popping and clicking in bilateral knees along with spasms in the shins. Back spasms and neck pain. Objective complaints include tenderness along the cervical and lumbar paraspinal muscles bilaterally, pain bilateral knees with 120 degree flexion and 180 degrees extension. Right wrist flexion 30 degree and extension 25 degree. Upper extremities abduct to 95 degrees. She limps with an antalgic and wide based gait. Treatment has consisted of cortisone injection therapy to right shoulder and bilateral knees. Patient had PT with use of TENS unit, knee brace and a walker. She has been treated by chiropractor, psychiatry and physiatry. Medications include Morphine ER, Norco, Topamax, Flexeril, Soma, Gabapentin, Lidopro cream, and Terocin patches. The utilization review determination was rendered on 7/14/14 recommending non-certification of Flexeril tablets 10mg # 60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril tablets 10 mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine, Medications for chronic pain, Antispasmodics Page(s): 41-42, 60-61, 64-66. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Cyclobenzaprine (Flexeril®), UpToDate, Flexeril

Decision rationale: MTUS Chronic Pain Medical Treatment states for Cyclobenzaprine, "Recommended as an option, using a short course of therapy. . . The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. (Browning, 2001) Treatment should be brief." The medical documents indicate that patient is far in excess of the initial treatment window and period. Cyclobenzaprine (Flexeril) is more effective than placebo in the management of back pain; the effect is modest and comes at the price of greater adverse effects. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. (Browning, 2001) Treatment should be brief. There is also a post-op use. The addition of cyclobenzaprine to other agents is not recommended. (Clinical Pharmacology, 2008) Cyclobenzaprine-treated patients with fibromyalgia were 3 times as likely to report overall improvement and to report moderate reductions in individual symptoms, particularly sleep. (Tofferi, 2004) Note: Cyclobenzaprine is closely related to the tricyclic antidepressants, e.g., amitriptyline. See Antidepressants. Cyclobenzaprine is associated with a number needed to treat of 3 at 2 weeks for symptom improvement in LBP and is associated with drowsiness and dizziness. (Kinkade, 2007) Cyclobenzaprine is a skeletal muscle relaxant and a central nervous system (CNS) depressant that is marketed as Flexeril by Ortho McNeil Pharmaceutical. The treating physician has prescribed Flexeril outside of the stated guidelines which say treatment should be brief. As such, Flexeril tablets 10 mg #60 is not medically necessary.