

<b>Case Number:</b>	CM14-0155955		
<b>Date Assigned:</b>	09/25/2014	<b>Date of Injury:</b>	06/29/2010
<b>Decision Date:</b>	10/27/2014	<b>UR Denial Date:</b>	09/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/19/2014

### 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 48-year-old female who reported an industrial injury on 6/29/2010, over four (4) years ago, attributed to the performance of her usual and customary job duties. The patient complains of persistent neck pain. The objective findings on examination included tenderness over the bilateral upper trapezius muscles; the cervical paraspinal muscles; rhomboids; levator scapula; scalenes, pectoralis minor, and latissimus dorsi; neurologically intact. The patient is diagnosed with major depressive affective disorder single episode; post concussion syndrome; chronic pain syndrome; myalgia and myositis; and neck pain. The patient was prescribed tramadol 50 mg #30 with two refills; ibuprofen 800 mg #90 with two refills; cyclobenzaprine 5 mg #30 with two refills. The patient was also prescribed Avapro; Sertraline; and Hydrochlorothiazide.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**30 tables of Cyclobenzaprine 5mg with 2 refills: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril).

**MAXIMUS guideline:** Decision based on MTUS 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) 5 mg #30 with refills x2 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 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 10 mg for the effects of the industrial injury. There is no demonstrated medical necessity for the prescription of cyclobenzaprine 5 mg #30 with refill x2.

**90 tablets of Ibuprofen 800mg with 2 refills:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**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 #90 with refill x2 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. There is no demonstrated medical necessity for the 800 mg size of ibuprofen over 200 mg or 400 mg size. 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 #90 with refill x2 is not demonstrated to be medically necessary.