

Case Number:	CM14-0156515		
Date Assigned:	09/26/2014	Date of Injury:	06/06/2013
Decision Date:	11/17/2014	UR Denial Date:	09/05/2014
Priority:	Standard	Application Received:	09/24/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain 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 56-year-old male who sustained a remote industrial injury on 6/6/13, diagnosed with cervical herniated nucleus pulposus, cervical radiculopathy, right pectoralis tear status post repair on 9/24/13, right elbow arthralgia, and right knee arthralgia. Mechanism of injury occurred when the patient fell approximately 10 feet and grabbed onto something on the way down with his right arm, which caused him to have immediate arm pain. Previous treatment included chiropractic physiotherapy, 18 post-operative physical therapy treatments, acupuncture and right pectoralis repair. The request for cyclobenzaprine was non-certified per utilization review dated 9/4/14 due to no mention of the patient having muscle spasms, other than neck stiffness. The most recent progress note provided is 8/5/14. Patient complains primarily of neck, shoulder and elbow pain. He reports aching and stiffness in the neck, as well as numbness and stabbing pain. The patient reports medication helps him decrease his pain by about 40%. He also states that he needs Flexeril to sleep. The patient last worked on 7/1/13. Physical exam findings reveal tenderness to palpation of the neck with pain on range of motion. There is decreased sensation on the right side of neck, as well as decreased strength and reflexes of the upper extremities on both sides. Current medications include: Norco, CM3 -Ketoprofen 20%, Omeprazole and cyclonezaprine. It is noted that Flexeril is prescribed for spasm. An MRI of the cervical spine was referenced dated 5/7/14 and revealed herniated nucleus pulposus at C3-4 and C4-5 with central canal stenosis; there is some distortion of the spinal cord centrally at C3-4.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 7.5mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 64.

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

Decision rationale: According to MTUS, "Cyclobenzaprine is a skeletal muscle relaxant and a central nervous system (CNS) depressant." MTUS also states it is "recommended as an option, using a short course of therapy." Documentation identifies the patient has utilized Flexeril for over five months, which exceeds the recommended 2-3 week use. MTUS notes, "This medication is not recommended to be used for longer than 2-3 weeks." Additionally, the patient is prescribed Flexeril for spasms; however, muscle spasticity is not documented on exam. Moreover, the frequency of dosing of this medication is not specified in the request. Therefore, Cyclobenzaprine 7.5mg #30 is not medically necessary.