

Case Number:	CM14-0179615		
Date Assigned:	11/04/2014	Date of Injury:	08/10/2009
Decision Date:	12/26/2014	UR Denial Date:	10/15/2014
Priority:	Standard	Application Received:	10/29/2014

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, 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 is a 51 year old patient with date of injury of 8/10/09. Medical records indicate the patient is undergoing treatment for cervicgia, pain in shoulder, pain in hand, lateral epicondylitis of elbow, brachial neuritis or radiculitis, lesion of ulnar nerve and hemarthrosis of the shoulder. The patient is s/p fusion surgery at C5 through C7 and he has had cervical foraminotomy posteriorly on the left side. Subjective complaints include neck pain 4/10 pain scale, pain constant and radiates to the left trapezius, pain increased with any work or use of arms. Discomfort radiates into both arms and numbness going down bilateral arms to the middle and ring fingers with tilting head backward. Objective findings include pain with cervical flexion and extension, decreased range of motion (ROM), tenderness on palpation C6, C7, cervical muscles, trapezius and left scalene muscles, inflammation of cervical paraspinal area and left trapezius, tightness bilateral cervical area, bilateral trapezius, left scalene muscles and pain left shoulder with decreased ROM. Treatment has consisted of physical therapy, chiropractic and work restriction. Current medications include Percocet, Ibuprofen, Lamictal, Ambien CR, Desyrel. Patient has used Ativan, Toradol, Dilaudid, Flexeril and Neurontin in the past. The utilization review determination was rendered on 10/15/2014 recommending non-certification of Decision for Cyclobenzaprine 7.5mg #60, refill unspecified, to be taken up to three times a day as needed for spasms related to cervical spine injury, as an outpatient.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 7.5mg #60, refill unspecified, to be taken up to three times a day as needed for spasms related to cervical spine injury, as an outpatient: Upheld

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

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®) Other Medical Treatment Guideline or Medical Evidence: UpToDate, Flexeril

Decision rationale: California Medical Treatment Utilization Schedule (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. Additionally, MTUS outlines that "Relief of pain with the use of medications is generally temporary, and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity. Before prescribing any medication for pain the following should occur: (1) determine the aim of use of the medication; (2) determine the potential benefits and adverse effects; (3) determine the patient's preference. Only one medication should be given at a time, and interventions that are active and passive should remain unchanged at the time of the medication change. A trial should be given for each individual medication. Analgesic medications should show effects within 1 to 3 days, and the analgesic effect of antidepressants should occur within 1 week. A record of pain and function with the medication should be recorded. (Mens, 2005)" Uptodate "flexeril" also recommends "Do not use longer than 2-3 weeks". Medical documents do not fully detail the components outlined in the guidelines above and do not establish the need for long term/chronic usage of cyclobenzaprine. The Official Disability Guidelines (ODG) states the following regarding cyclobenzaprine, "Recommended as an option, using a short course of therapy. The addition of cyclobenzaprine to other agents is not recommended." Several other pain medications have been prescribed along with cyclobenzaprine, which ODG recommends against. The treating physician has documented that this patient has been taking cyclobenzaprine since 2009, which far exceeds the guideline recommendations. As such, the request for Cyclobenzaprine 7.5mg #60, refill unspecified, to be taken up to three times a day as needed for spasms related to cervical spine injury, as an outpatient is not medically necessary.