

Case Number:	CM14-0024983		
Date Assigned:	06/11/2014	Date of Injury:	03/12/2010
Decision Date:	07/31/2014	UR Denial Date:	02/24/2014
Priority:	Standard	Application Received:	02/27/2014

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 & Rehabilitation and is licensed to practice in Illinois. 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:

The injured worker is a 51-year-old male who reported an injury due to a fall on 03/12/2010. In the clinical notes dated 02/06/2014, the injured worker reported a severe flare-up of headache with nausea, dizzy, and poor sleep. It was noted that the injured worker had started physical therapy of the C-spine; however, he complained of pain, stiff neck and paresthesias of the arms. It was also noted that the injured worker had seen another physician for thoracic spine due to persistent pain to the mid low back. Prior treatments include physical therapy and prescribed pain medications. The injured worker's pain medication regimen included Norco 5/325 mg and Cyclobenzaprine. The physical examination revealed a positive limp on the right, positive spasms at the thoracic lumbar with decreased range of motion. The diagnoses included cervical stenosis and lumbar strain/sprain, degenerative disc disease L3-4. The treatment plan included the continuation of physical therapy to the cervical spine as authorized, a refill of Norco 5/325 #60 and Cyclobenzaprine 10 mg 360 and a request for physical therapy to the thoracic, lumbar 2 times 4 to decrease spasm/pain and improve range of motion. The Request for Authorization for Norco 5/325 mg #60 1 by mouth twice a day for pain and Flexeril 10 mg 1 by mouth twice a day #60 for spasms was submitted on 02/21/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 PRESCRIPTION OF CYCLOBENZAPRINE 10MG #60: Upheld

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

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

Decision rationale: The request for 1 prescription of Cyclobenzaprine 2 mg #60 is non-certified. The California MTUS Guidelines state that Cyclobenzaprine is recommended as an option, using a short course of therapy. Cyclobenzaprine is more effective than placebo in the management of back pain; the effect is modest and comes with the price of greater adverse effects. The effect is greatest in the first 4 days of treatment, suggesting that the shorter courses may be better. Treatments should be brief. Cyclobenzaprine is associated with a number needed to treat of 3 at 2 weeks for symptom improvement in low back pain and is associated with drowsiness and dizziness. In the clinical notes provided for review, there is a lack of documentation of the efficacy of previous treatment with Cyclobenzaprine. It is also documented that the injured worker has used the prescription of Cyclobenzaprine since 10/2013. There is also a lack of documentation of the injured worker's pain level status with or without the use of pain medications. Furthermore, the guidelines do not recommend the use of Cyclobenzaprine as a long course of therapy. The guidelines state that the greatest effect is in the first 4 days of treatment. Therefore, the request for 1 prescription of Cyclobenzaprine 10 mg #60 is not medically necessary.