

<b>Case Number:</b>	CM14-0030741		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	08/31/2009
<b>Decision Date:</b>	07/18/2014	<b>UR Denial Date:</b>	02/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/11/2014

### 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 Anesthesia, has a subspecialty in Acupuncture and 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:

The injured worker is a 33yo with date of injury 8/31/09 with related neck pain. Per 2/12/14 progress report, she continued to have bilateral shoulder pain and spasms as well. She had a lot of burning in her posterior neck, trapezius, and interscapular region. She completed 6 deep tissue massage appointments and found them very helpful. She continue to find her medications helpful and well tolerated, which included naproxen, tramadol, Flexeril and Cymbalta. She rated her pain as 7/10 without pain medications and 5/10 with pain medications. Physical exam findings included tenderness over the cervical paraspinals bilateral C4-C5 and C5-C6 paraspinal muscles. Cervical spine range of motion was slightly reduced in all planes. Sensation was intact. Hoffmans sign was negative bilaterally, Spurlings sign was negative bilaterally. MRI of the cervical spine dated 6/18/13 revealed no focal disc protrusions. C6-C7 minimal annular bulging without canal stenosis or neural foraminal narrowing. She has been treated with massage therapy, chiropractic manipulation, acupuncture, MBB's, trigger point injections, TENS unit, and medication management.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flexeril 7.5 mg quantity 60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-64.

**Decision rationale:** With regard to muscle relaxants, the MTUS CPMTG states: "Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. (Chou, 2007) (Mens, 2005) (Van Tulder, 1998) (van Tulder, 2003) (van Tulder, 2006) (Schnitzer, 2004) (See, 2008) Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement." Regarding Cyclobenzaprine: "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 (e.g. amitriptyline). Cyclobenzaprine is more effective than placebo in the management of back pain, although the effect is modest and comes at the price of adverse effects." The documentation submitted for review indicate that the injured worker has been using this medication since at least 9/2013. As it is recommended only for short term treatment, medical necessity cannot be affirmed. It should be noted that the UR physician has certified a modification of this request for the purpose of weaning.

#### **Massage therapy Quantity 6: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Massage therapy Page(s): 60.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Massage Therapy Page(s): 60.

**Decision rationale:** Per MTUS CPMTG with regard to massage therapy: "This treatment should be an adjunct to other recommended treatment (e.g. exercise), and it should be limited to 4-6 visits in most cases. Scientific studies show contradictory results. Furthermore, many studies lack long-term followup. Massage is beneficial in attenuating diffuse musculoskeletal symptoms, but beneficial effects were registered only during treatment. Massage is a passive intervention and treatment dependence should be avoided." The documentation submitted for review indicates that the injured worker has recently completed 6 massage sessions which she found very helpful. Per the latest progress report dated 2/12/14 she has returned to work. Additional massage therapy is warranted. The request is medically necessary. It should be noted that the UR physician has partially certified the request to a total of 10 sessions.