

Case Number:	CM14-0033012		
Date Assigned:	06/11/2014	Date of Injury:	12/04/2013
Decision Date:	07/14/2014	UR Denial Date:	01/31/2014
Priority:	Standard	Application Received:	02/18/2014

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 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 39 year-old patient sustained a neck injury on 12/4/13 after breaking ice while employed by [REDACTED]. Request(s) under consideration include Cyclobenzaprine HCL 10 mg oral tablet take one three times daily and The Alprazolam 0.5 mg oral tablet take one tablet daily. Initial symptoms included burning pain on the left and midline of the neck with muscle spasm and fasciculation down the left arm with tingling in both hands. The patient was prescribed Flexeril and Percocet at the emergency room. Report of 12/6/13 from the provider noted patient with neck pain, but denied upper extremity weakness, but still with slight numbness. Exam had tenderness at C5-6 and left trapezius; decreased 4+/5 strength in left hand ring and 5th digit; positive Spurling's test with symptoms of left upper extremity. Treatment included MRI, medications of cyclobenzaprine, Oxycodone-Acetaminophen, naproxen), and physical therapy. Report of 12/12/13 noted unchanged symptoms of radiating neck pain with associated numbness in the left arm. Exam showed neck range of motion improved in all directions. MRI of 12/15/13 showed multilevel 3-4 mm disc protrusion at C4-7 with minimal spinal canal stenosis and right foraminal stenosis. On 12/23/13, trial of PT was authorized. Neurosurgical consultation recommended continuing with PT with approximately less than 80% change of improvement from conservative treatment. Request(s) for Cyclobenzaprine HCL 10 mg oral tablet take one three times daily and The Alprazolam 0.5 mg oral tablet take one tablet daily were non-certified on 1/31/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

CYCLOBENZAPRINE HCL 10 MG ORAL TABLET TAKE ONE X3TIMES DAILY:

Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-66.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 128.

Decision rationale: This 39 year-old patient sustained a neck injury on 12/4/13 after breaking ice while employed by [REDACTED]. Request(s) under consideration include Cyclobenzaprine HCL 10 mg oral tablet take one three times daily and Alprazolam 0.5 mg oral tablet take one tablet daily. Initial symptoms included burning pain on the left and midline of the neck with muscle spasm and fasciculation down the left arm with tingling in both hands. The patient was prescribed Flexeril and Percocet at the emergency room. Report of 12/6/13 from the provider noted patient with unchanged neck pain with slight numbness. Exam was also unchanged with tenderness, decreased 4+/5 strength in left hand grip strength and positive Spurling's test. Treatment again included medications of cyclobenzaprine, Oxycodone- Acetaminophen, naproxen. Report of 12/12/13 noted unchanged symptoms of radiating neck pain with associated numbness in the left arm. Exam showed neck range of motion improved in all directions without clear spasm. On 12/23/13, trial of PT was authorized with improved symptoms. Neurosurgical consultation recommended continuing with PT with approximately less than 80% change of improvement from conservative treatment. Guidelines do not recommend long-term use of this muscle relaxant beyond initial acute few weeks. Additionally, the efficacy in clinical trials has been inconsistent and most studies are small and of short duration. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. Submitted reports have not adequately demonstrated the indication or medical need for this treatment. The Cyclobenzaprine HCL 10 mg oral tablet take one three times daily is not medically necessary and appropriate.

ALPRAZOLAM 0.5 MG ORAL TABLET TAKE ONE TABLET DAILY: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

Decision rationale: On 12/23/13, trial of physical therapy was authorized with improved symptoms. Neurosurgical consultation recommended continuing with physical therapy with approximately less than 80% change of improvement from conservative treatment. Alprazolam is indicated for the management of anxiety disorder. Anxiety or tension associated with the stress of everyday life usually does not require treatment with an anxiolytic. Alprazolam is an anti-anxiety medication in the benzodiazepine family which inhibits many of the activities of the

brain as it is believed that excessive activity in the brain may lead to anxiety or other psychiatric disorders. Per the Chronic Pain Treatment Guidelines, benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks as chronic benzodiazepines are the treatment of choice in very few conditions and tolerance to hypnotic effects develops rapidly. Additionally, submitted reports have not demonstrated clear functional benefit of treatment already rendered. The Alprazolam 0.5 mg oral tablet take one tablet daily is not medically necessary and appropriate.