MAXIMUS Federal Services

Case Number:	CM14-0035811		
Date Assigned:	06/23/2014	Date of Injury:	01/29/2013
Decision Date:	07/25/2014	UR Denial Date:	03/12/2014
Priority:	Standard	Application Received:	03/24/2014

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 Management 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 patient presents with a date of injury of 1/29/13. A utilization review determination dated 3/11/14 recommends non-certification of cyclobenzaprine, cyclobenzaprine cream, and physical therapy. At least 24 physical therapy sessions have been completed. 2/19/14 medical report identifies neck pain radiating to bilateral upper extremities, intermittent left shoulder pain, and low back pain with intermittent spasms and bilateral lower extremities radiculopathy symptoms. On exam, there is decreased cervical range of motion (ROM), palpable tenderness in the right elbow lateral epicondylar region with increased pain upon right wrist extension against resistance. Patient was said to receive good but temporary benefit of 50% decreased pain from previous physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 7.5mg #60, one tab twice a day as needed: 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 (For Pain) Page(s): 63-66.

Decision rationale: Regarding the request for cyclobenzaprine, Chronic Pain Medical Treatment Guidelines support the use of non-sedating muscle relaxants to be used with caution as a 2nd line option for the short-term treatment of acute exacerbations of pain. The guidelines go on to state that cyclobenzaprine specifically is recommended for a short course of therapy. Within the documentation available for review, there is no identification of a specific analgesic benefit or objective functional improvement as a result of the cyclobenzaprine. Additionally, it does not appear that this medication is being prescribed for the short-term treatment of an acute exacerbation, as recommended by guidelines. In the absence of such documentation, the currently requested cyclobenzaprine is not medically necessary.

Cyclobenzaprine 2% cream 60gm apply to affected area twice a day: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain), Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 113.

Decision rationale: Regarding the request for cyclobenzaprine cream, Chronic Pain Medical Treatment Guidelines state that topical muscle relaxants are not recommended. The guidelines go on to state that there is no evidence for the use of any muscle relaxants as a topical product. In light of the above issues, the currently requested cyclobenzaprine cream is not medically necessary.

Additional eight (8) sessions of physical therapy two times a week for four weeks, cervical spine, lumbar spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

Decision rationale: Regarding the request for additional eight (8) sessions of physical therapy two times a week for four weeks, cervical spine, lumbar spine, California MTUS cites that "patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels." Within the documentation available for review, there is documentation of completion of prior physical therapy sessions with some temporary pain relief, but there is no documentation of specific objective functional improvement with the previous sessions and remaining deficits that cannot be addressed within the context of an independent home exercise program, yet are expected to improve with formal supervised therapy. In the absence of such documentation, the currently requested additional eight (8) sessions of physical therapy two times a week for four weeks, cervical spine, lumbar spine is not medically necessary.