

Case Number:	CM14-0066469		
Date Assigned:	07/11/2014	Date of Injury:	08/16/2011
Decision Date:	09/19/2014	UR Denial Date:	04/25/2014
Priority:	Standard	Application Received:	05/09/2014

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 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 injured worker is a 67-year-old female who sustained work-related injuries on August 16, 2011 due to a motor vehicle accident. A magnetic resonance imaging (MRI) scan of the cervical spine dated October 31, 2011 revealed: C3-4, bilateral facet arthropathy, C4-5, grade 1 spondylolisthesis of C5, bilateral facet arthropathy noted, C5-6, disc protrusion that abuts the thecal sac with bilateral neuroforaminal narrowing and facet and unciniate arthropathy noted, C6-7, disc protrusion abuts the spinal cord produced spinal canal narrowing. There is also left greater than right neuroforaminal narrowing and facet and unciniate arthropathy noted. Per medical records dated May 16, 2012, she complained of constant sharp neck pain traveling to both shoulders, constant pain in the upper back, constant low back pain, and constant left thigh pain traveling to her leg. Overall, she rated her pain as 7/10 without medication. She reported that pain was reduced with rest, activity modification, heat, physiotherapy, acupuncture, home exercise kit, braces, and hot/cold therapy. She also noted that naproxen and gabapentin was helpful which caused her to sleep 8 hours per night. She underwent her first diagnostic cervical epidural steroid injection on May 7, 2012, which helped decrease her pain from 7 to 9/10 down to 4/10 for 7 days and had improved functioning of the neck. As per the medical records dated December 20, 2013, she indicated that with medications, her pain was rated at 7/10 but without medications she rated her pain at 10/10. She noted that acupuncture provided her two days relief but complained of neck pain and stiffness with pain radiating down both shoulder and back of shoulder blades, as well as headaches. She also noted constant pain and spasms of her low back radiating down on her calves down to her toes. Pain radiates down to her left leg. Objectively, tenderness was noted over the posterior superior iliac spine, bilaterally. From November 12, 2013 to March 11, 2014, she underwent acupuncture sessions directed to her neck and low back. She is diagnosed with cervical spine sprain, lumbar spine sprain, disc bulge at C5-6 (2.5mm) and

C6-7 (3.3mm), disc bulge at L2-3 (3.7mm) and L4-5 (2.9mm) and head injury deferred to neurologist. This is a review request regarding cyclobenzaprine.8 milligrams quantity 30 1 capsule 1 hour before bedtime.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 8 mg quantity of 30 xig 1 capsule 1 hour before bedtime.: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 64.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain), Cyclobenzaprine (Flexeril) Page(s): 63-64, 41-42.

Decision rationale: According to evidence-based guidelines, the requested cyclobenzaprine is recommended as an option using a short-course of therapy. Treatment should be brief and there is also an indication for post-operative use. In this injured worker's case, it seems that she has been using cyclobenzaprine in the chronic phase as evidenced by medical records dated December 20, 2013. This goes against the recommendations of evidence-based guidelines which mention that this medication can only be used on a short term basis. Moreover, there is no indication that the injured worker is experiencing acute spasms as records indicate that the spasm she is experiencing is chronic in nature. Therefore, the medical necessity of the requested cyclobenzaprine is not established.