

Case Number:	CM14-0091231		
Date Assigned:	07/23/2014	Date of Injury:	08/24/2007
Decision Date:	09/08/2014	UR Denial Date:	06/09/2014
Priority:	Standard	Application Received:	06/13/2014

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:

According to the records made available for review, this is a 52-year-old female with a 8/24/07 date of injury, status post C5-6 and C6-7 anterior cervical discectomy and fusion 9/18/07, and status post exploration of fusion with delivery of bilateral longitudinal rods, right sided micro foraminotomy and fixed end C7 nerve root 9/22/08. At the time (6/9/14) of the decision for authorization for Amrix (Cyclobenzaprine) 15mg #30, there is documentation of subjective findings which are: burning pain in suprascapular region radiating down arm to the right thumb, index, and long fingers rated 7/10; increased numbness and tingling from her right shoulder down to all her fingers. The objective findings are: limited range of motion of neck; positive compression sign on right noted and pain with pressure over the facet processes bilaterally; spasm palpable in right superior trapezius; circumscribed trigger point with evidence upon palpation of a twitch response as well as referred pain; pain with palpation in the right scapular region diffusely noted; resisted abduction beyond 100 degrees bilaterally otherwise full range of motion; 4/5 muscle strength in abductors of shoulder and flexors of elbow; mild swelling of all digits of right hand; pain with percussion of the medial condyle; and decreased sensation to pinprick in entire right forearm except for proximal volar aspect of right forearm. The current diagnoses are: neuralgia; neuritis; and radiculitis, unspecified. The treatment to date is: physical therapy; surgery; and medications (including ongoing treatment with Amrix since at least 4/30/14 that allowed her to bend, take a shower, and wash her hair). There is no documentation of acute muscle spasm and the intention to treat over a short course.

IMR ISSUES, DECISIONS AND RATIONALES

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

Amrix (Cyclobenzaprine) 15mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril) Page(s): 41.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril) Page(s): 41-42. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Muscle relaxants (for pain).

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines identifies that Cyclobenzaprine is recommended for a short course of therapy. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. ODG identifies that muscle relaxants are recommended as a second line option for short-term (less than two weeks) treatment of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain. Within the medical information available for review, there is documentation of a diagnosis of neuralgia, neuritis, and radiculitis, unspecified. In addition, given documentation that Amrix allowed her to bend, take a shower, and wash her hair, there is documentation of functional benefit and improvement as an increase in activity tolerance as a result of Amrix use to date. Furthermore, there is documentation of muscle spasm. However, given documentation of an 8/24/07 date of injury, there is no documentation of acute muscle spasm. In addition, given documentation of records reflecting prescriptions for Amrix since at least 4/30/14, there is no documentation of the intention to treat over a short course (less than two weeks). Therefore, based on guidelines and a review of the evidence, the request for Amrix (Cyclobenzaprine) 15mg #30 is not medically necessary.