MAXIMUS Federal Services

Case Number:	CM14-0166167		
Date Assigned:	10/13/2014	Date of Injury:	08/07/2009
Decision Date:	01/21/2015	UR Denial Date:	09/08/2014
Priority:	Standard	Application Received:	10/08/2014

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 American Board of Internal 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:

This 64-year old individual continues to complain of neck stiffness and pain that radiates into both upper extremities; low back numbness, stiffness and pain that radiates into both legs; left shoulder pain and weakness; right wrist pain with numbness in the right hand and fingers; and bilateral knee pain with stiffness following an 8/7/2009 fall injury that occurred while walking a dog and causing him to fall on the stairs. Diagnoses include cervical sprain/strain with radiculopathy; lumbar strain/sprain with radiculopathy; left shoulder strain/sprain with impingement syndrome; right wrist strain/sprain with carpal tunnel syndrome; and right and left knee meniscus tears. Treatments have included consultations; diagnostic imaging, motor and nerve conduction studies; cardio-respiratory diagnostic testing; physical therapy (PT) sessions; and medication management. No mention of the injured workers (IW) work status was noted. On 9/8/2014, Utilization Review non-certified, for medical necessity, an 8/28/2014 request for Cyclobenzaprine 7.5mg, #90, citing that according to MTUS guidelines for muscle relaxants in the medical treatment of chronic pain, non-sedating muscle relaxants are recommended for short-term, as a second line option of acute exacerbations in chronic low back pain. Multiple medical articles ranging from 1998 - 2008 note that muscle relaxants may be effective in reducing pain and muscle tension, and increase mobility, however they show no benefit beyond a non-steroidal anti-inflammatory (NSAID) in improvement of pain and overall mobility, not even when used in conjunction with NSAIDs; and that efficacy appears to diminish over time and with prolonged use. Also cited was the increased chance of dependence of this class of medication, with prolonged use, and the risk for sedation, and should not be the primary drug class of choice for musculoskeletal conditions. Cyclobenzaprine (Flexeril) is recommended for short course therapy and not for chronic use. An unidentified and undated Formal Pain Evaluation Report notes a moderately severe impairment class rating. Progress report, dated 3/19/2014, shows

Cyclobenzaprine as part of the medications ordered but not listed on the 3/19/2014 Request for Authorization (RFA) form. The PR-2 form, dated 5/21/2014, shows no significant changes in subjective complaints or objective findings that note tenderness at the bilateral sacral (S) 1 joints, left S1 joint and vertebral muscles and lumbar paravertebral muscles; spasms of the lumbar paravertebral muscles; and positive Kemps and sitting straight leg raise tests. The urine drug screen testing is noted to be consistent with prescribed medications in the treatment plan. Medications are noted to include Tramadol, Naproxen, Cyclobenzaprine, Omeprazole and a Gabapentin & Flurbiprofen compound cream. The RFA for 5/21/2014 requests medication that does not include Cyclobenzaprine. The RFA form dated 7/22/2014 is noted to request acupuncture sessions. The PR-2 form, dated 8/13/2014, shows a urine drug screen test was performed and remained consistent with the prescribed medications; which have not changed. Subjective complaints included occasional moderate dull, achy low back pain with numbness and tingling associated with sudden movement, the lifting of 10 pounds, prolonged sitting/standing/bending/kneeling/twisting/walking and climbing of stairs. Relief was only noted with rest and medication. Objective findings noted no significant changes. This report does not disclose a treatment plan, and the RFA form for this same date is noted to not have a request for Cyclobenzaprine. No other medical records, with a later date, are available for my review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 7.5mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain) Page(s): 63-64.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 65-66. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, Muscle Relaxants

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Cyclobenzaprine 7.5 mg #90 is not medically necessary muscle relaxants are recommended as a second line option for short-term (less than two weeks) treatment of acute low back pain and short-term treatment of acute exacerbations in patients with chronic low back pain. Efficacy appears to diminish over time and prolonged use may lead to dependence. In this case, the injured worker's working diagnoses are lumbar disc protrusion; and lumbar sprain/strain. The documentation indicates the injured worker was taking Flexeril as far back as March 19, 2014. It is unclear whether this is a refill or the start date. 4 urine drug screens were followed for consistencies. One was performed March 19, 2014, May 21, 2014, July 16, 2014 and August 13, 2014 and were all normal. The guidelines recommend muscle relaxes for short-term use (less than two weeks). The treating physician exceeded the recommended guidelines according to the documentation. Consequently, absent compelling clinical facts to support the ongoing use of cyclobenzaprine, cyclobenzaprine 7.5 mg #90 is not medically necessary.