

Case Number:	CM14-0200107		
Date Assigned:	12/10/2014	Date of Injury:	08/14/2012
Decision Date:	01/26/2015	UR Denial Date:	11/06/2014
Priority:	Standard	Application Received:	12/01/2014

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 Family Practice and is licensed to practice in Ohio. 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 28-year-old male with a date of injury of June 14, 2012. He complains of moderate to severe pain the neck, back, right shoulder, and right knee. He has a history of ACL reconstruction and partial meniscectomy of the right knee. The physical exam reveals tenderness to palpation of the cervical paraspinal musculature, a negative Spurling's test, normal upper extremity strength, and diminished sensation bilaterally in the regions of the C5, C6, and C7 dermatomes. There is lumbar paraspinal muscular tenderness with an intact lower extremity neurologic exam. The right shoulder reveals spasm in the parascapular musculature with a positive Hawkin's and Neer's test. The injured worker has been authorized for right knee surgery but as of September 23, 2014 has not had improvement in his low back pain, knee or foot pain. The record reflects that he has been taking diclofenac XR, Wellbutrin 150 mg, and Flexeril 7.5 mg 3 times daily. In spite of taking cyclobenzaprine (Flexeril) for nearly 4 months the physical exam continues to show spasm in the right shoulder region. The diagnoses include cervical sprain, thoracic and lumbar sprain, lumbar degenerative disc disease, right shoulder impingement syndrome, and history of right knee ACL reconstruction and partial meniscectomy. At issue is a request for cyclobenzaprine 7.5 mg #90. The previous utilization reviewer did not certify the request citing MTUS guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro Cyclobenzaprine 7.5 mg #90: Upheld

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

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

Decision rationale: Cyclobenzaprine is a skeletal muscle relaxant and a central nervous system (CNS) depressant that is marketed as Flexeril by [REDACTED]. Cyclobenzaprine is recommended as an option, using a short course of therapy. Cyclobenzaprine (Flexeril) is more effective than placebo in the management of back pain; the effect is modest and comes at the price of greater adverse effects. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. Treatment should be brief. This medication is not recommended for longer than 2-3 weeks. In this instance, cyclobenzaprine has been in continuous use for several months. The physical exam continues to show evidence of muscular spasm in spite of the medication. Because the duration of therapy has exceeded the recommended guidelines and because there appears to be no benefit in terms of muscular spasm, Cyclobenzaprine 7.5 mg #90 was not medically necessary.