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| Case Number: | CM14-0202691 | | |
| Date Assigned: | 12/15/2014 | Date of Injury: | 05/26/2011 |
| Decision Date: | 04/09/2015 | UR Denial Date: | 11/21/2014 |
| Priority: | Standard | Application Received: | 12/04/2014 |

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Pennsylvania

Certification(s)/Specialty: Internal Medicine, Hospice & Palliative Medicine

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 64-year-old male, who sustained an industrial injury on 05/26/2011. Medical records provided by the treating physician did not indicate the injured worker's mechanism of injury. Diagnoses include multiple herniated nucleus pulposuses of the cervical spine, myelopathy, and facet arthropathy of the cervical spine. Treatment to date has included medication regimen, electrodiagnostic study of the neck and upper extremities, and status post cervical fusion. In a progress note dated 10/10/2014 the treating provider reports severe neck pain with difficulty sleeping that is rated a seven out of ten along with a decreased amount of pain and numbness to the arms. The documentation provided did not contain the current requested medication of Cyclobenzaprine. On 11/21/2014 Utilization Review non-certified the requested treatment of Cyclobenzaprine 7.5mg with a quantity of 60 for the date of service of 10/16/2014, noting the California Medical Treatment Utilization Schedule, Chronic Pain Medical Treatment Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

(Retro) DOS 10/16/14 Cyclobenzaprine 7.5mg# 60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants, Weaning of Medications Page(s): 63-66, 124.

Decision rationale: Cyclobenzaprine is a medication in the antispasmodic muscle relaxant class. The MTUS Guidelines support the use of muscle relaxants with caution as a second-line option for short-term use in the treatment of a recent flare-up of long-standing lower back pain. Some literature suggests these medications may be effective in decreasing pain and muscle tension and in increasing mobility, although efficacy decreases over time. In most situations, however, using these medications does not add additional benefit over the use of non-steroidal anti-inflammatory drugs (NSAIDs), nor do they add additional benefit in combination with NSAIDs. Negative side effects, such as sedation, can interfere with the worker's function, and prolonged use can lead to dependence. The submitted and reviewed records concluded the worker was experiencing upper back pain. The worker was treated with upper spine surgery on 10/09/2014. There also was no suggestion that the worker was having a new flare of on-going lower back pain. Further, there was no discussion describing special circumstances that sufficiently supported this request. In the absence of such evidence, the current request for sixty tablets of cyclobenzaprine 7.5mg for the date of service 10/16/2014 is not medically necessary. Because the potentially serious risks outweigh the benefits in this situation based on the submitted documentation and because the worker was apparently just starting this medication, an individualized taper should be able to be completed with the medication the worker has available if any is needed.