

Case Number:	CM15-0000195		
Date Assigned:	01/09/2015	Date of Injury:	02/24/2012
Decision Date:	03/18/2015	UR Denial Date:	12/06/2014
Priority:	Standard	Application Received:	01/02/2015

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: California
 Certification(s)/Specialty: Internal 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 male, who sustained an industrial injury on 02/24/2012. A primary treating office visit dated 10/29/2014 described subjective complaint of ongoing neck and back pains accompanied with both upper and lower extremity symptoms. He also has a new complaint of having mild stomach pain and frequent headaches described as a stabbing sensation to the temple region. He reported having difficulty standing or walking for prolonged periods without experiencing pain. He also continued with complaint of having difficulty initiating urination. He has now been released by the speech pathologist with some noted improvement and is pending authorization of more sessions. The patient has undergone the following treatments; 16 sessions of chiropractic care, 18 session of acupuncture in 2012, and 12 sessions of physical therapy with noted increased range of motion. He is prescribed the following medications; Norco 10/325 MG, Naproxen, Flexeril, Pamelor and Prilosec. Objective findings showed the spine with limited range of motion to both the cervical and lumbar regions, spasm is present. Positive facet loading at C4-5, C5-6 and C6-7 as well as positive facet loading on the right L2-3, L3-4 and L4-5. There is also note of positive bilateral trapezius spasms left greater than right. He is diagnosed with; chronic pain syndrome, DDD cervical, thoracic, lumbar spine, facet arthropathy at C4-5, C5-6, C6-7, facet arthropathy at L2-3, L3-4, L4-5 and cervicogenic headaches. On 12/06/2014, Utilization Review non-certified a request for Cyclobenzaprine, noting the CA MTUS Chronic Pain, NSAIDS and OGD Guidelines. The injured worker submitted an application for IMR for review of services.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 7.5 mg, #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47 and 49, Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril) pages 41-42, Muscle relaxants pages 63-66.. Decision based on Non-MTUS Citation FDA Prescribing Information Cyclobenzaprine, <http://www.drugs.com/pro/flexeril.html>

Decision rationale: Medical Treatment Utilization Schedule (MTUS) addresses muscle relaxants. American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) states that muscle relaxants seem no more effective than NSAIDs for treating patients with musculoskeletal problems, and using them in combination with NSAIDs has no demonstrated benefit. Muscle relaxants may hinder return to function by reducing the patient's motivation or ability to increase activity. Table 3-1 states that muscle relaxants are not recommended. Chronic Pain Medical Treatment Guidelines addresses muscle relaxants. Muscle relaxants should be used with caution as a second-line option for short-term treatment. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. According to a review in American Family Physician, muscle relaxants should not be the primary drug class of choice for musculoskeletal conditions. Chronic Pain Medical Treatment Guidelines state that Cyclobenzaprine (Flexeril) is an option for a short course of therapy. Treatment should be brief. The addition of Cyclobenzaprine to other agents is not recommended. FDA guidelines state that Cyclobenzaprine is indicated for acute musculoskeletal conditions. Cyclobenzaprine should be used only for short periods (up to two or three weeks) because adequate evidence of effectiveness for more prolonged use is not available. Medical records document that the patient's occupational injuries are chronic. Medical records document the long-term use of the muscle relaxant Cyclobenzaprine. MTUS, ACOEM, and FDA guidelines do not support the use of Cyclobenzaprine (Flexeril) for chronic conditions. Medical records indicate the long-term use of muscle relaxants, which is not supported by MTUS and FDA guidelines. The patient has been prescribed NSAIDs. Per MTUS, using muscle relaxants in combination with NSAIDs has no demonstrated benefit. The use of Cyclobenzaprine is not supported by MTUS or ACOEM guidelines. Therefore, the request for Cyclobenzaprine is not medically necessary.