

Case Number:	CM15-0003543		
Date Assigned:	01/14/2015	Date of Injury:	10/02/2000
Decision Date:	03/12/2015	UR Denial Date:	12/08/2014
Priority:	Standard	Application Received:	01/07/2015

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: Montana

Certification(s)/Specialty: Preventive Medicine, Occupational 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 63 year old female, who sustained an industrial injury on 10/2/2000. She has reported neck, low back, and bilateral shoulder, elbow and hand pain. The diagnoses have included discogenic cervical pain with radiculopathy, thoracic compression fracture, clavicle fracture right side, impingement syndrome right shoulder, epicondylitis on the right status post release 8/2010, bilateral ulnar nerve involvement per nerve conduction studies 2012, and discogenic lumbar condition. Treatment to date has included medications, diagnostics, Transcutaneous Electrical Nerve Stimulation (TENS), and Home Exercise Program (HEP). Ongoing complaints include persistent muscle spasms, stiffness and tightness in the neck, bilateral elbows, bilateral hands and low back. She also has difficulty sleeping. She has tenderness across the cervical paraspinal muscles, pain along the elbows medially and laterally as well as along the dorsum of the wrist and the carpometacarpal joint bilaterally. She has had to stop working as of 11/6/14 due to the severe pain; missing work several days. Modified duties were not available. She uses the Transcutaneous Electrical Nerve Stimulation (TENS), medications and does Home Exercise Program (HEP) with some relief of pain. She has increased pain with doing chores for a prolonged period of time. The physician recommended that she should avoid repetitive neck and upper extremity motions, overhead reaching, forceful pushing, pulling and no lifting more than 15- 20 pounds. On 12/8/14 Utilization Review non-certified a request for Cyclobenzaprine 7.5mg #60, noting that a short course of treatment is recommended as an option as the greatest effect is within 4 days of treatment. It is not recommended to be used longer than 2-3 weeks. Previous records reveal the injured worker has been taking flexeril as far

back as 9/4/14 which far exceeds guideline recommendations and she continues to complain of severe pain and muscle spasm despite the regular use of the muscle relaxant. The MTUS Guidelines was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 7.5mg #60: Upheld

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

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

Decision rationale: The MTUS notes that cyclobenzaprine (Fexmid) is an antispasmodic medication, recommended for a short course of therapy with the greatest benefit occurring within the first 4 days. Fexmid is not recommended to be used for longer than 2-3 weeks. The MTUS recommends non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement. Also there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. Sedation is the most commonly reported adverse effect of muscle relaxant medications. These drugs should be used with caution in patients driving motor vehicles or operating heavy machinery. Cyclobenzaprine (Fexmid) is recommended for a short course of therapy. Limited, mixed-evidence does not allow for a recommendation for chronic use. Cyclobenzaprine is a skeletal muscle relaxant and a central nervous system depressant with similar effects to tricyclic antidepressants (e.g. amitriptyline). Cyclobenzaprine is more effective than placebo in the management of back pain, although the effect is modest and comes at the price of adverse effects. It has a central mechanism of action, but it is not effective in treating spasticity from cerebral palsy or spinal cord disease. Cyclobenzaprine is associated with a number needed to treat of 3 at 2 weeks for symptom improvement. The greatest effect appears to be in the first 4 days of treatment. In this case the medical records show that Flexeril was prescribed on 9/4/14. The primary treating physician's note on 11/6/14 indicates that an additional 60 tablets were dispensed. There is no documentation of efficacy or functional improvement related to use of Flexeril. The continued use of cyclobenzaprine is not consistent with the MTUS guidelines which recommend short term use for 2 to 3 weeks. The request for Flexeril 7.5 mg #60 is not medically necessary.