

Case Number:	CM15-0103856		
Date Assigned:	06/08/2015	Date of Injury:	02/05/2010
Decision Date:	07/07/2015	UR Denial Date:	05/14/2015
Priority:	Standard	Application Received:	05/29/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 56 year old female who sustained an industrial injury on 02/05/2010. Treatment provided to date has included: trigger point injections, medications, and conservative therapies/care. Diagnostic testing was not provided or discussed. There were no noted previous injuries or dates of injury, and no noted comorbidities. On 05/01/2015, physician progress report noted complaints of increasing neck and low back pain. Pain was not rated, but was described as worsening. Additional complaints include radiating pain down the upper extremities, and numbness and tingling in the upper extremities. Current medications include cyclobenzaprine, Tylenol #3 and Voltaren gel; however, the injured worker reports that her medications have not been approved for several months. After reviewing the clinical notes, the injured worker had been prescribe cyclobenzaprine sine 12/31/2014. The physical exam revealed tenderness across the cervical paraspinal muscles and pain with facet loading. The provider noted diagnoses of cervicgia due to myofascial syndrome and trigger points in the right trapezius and right cervical paraspinals, right medial and lateral epicondylitis, bilateral shoulder impingement (right greater than left), right thumb CMC joint arthritis, and ring finger PIP joint inflammation of the right hand. Plan of care includes MRI of the cervical spine, cervical traction, cervical pillow, hot and cold wrap, and continued medications (including cyclobenzaprine). The injured worker's work status was noted as worker full duty/full time. Requested treatments include cyclobenzaprine.

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 relaxants (for pain), Antispasmodics Page(s): 64.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Cyclobenzaprine (Flexeril), (2) Muscle relaxants Page(s): 41, 63.

Decision rationale: The claimant sustained a work injury in February 2010 and continues to be treated for neck and low back pain. When seen, there was cervical paraspinal muscle tenderness and positive facet loading. She continued to work. Cyclobenzaprine is closely related to the tricyclic antidepressants. It is recommended as an option, using a short course of therapy and there are other preferred options when it is being prescribed for chronic pain. Although it is a second-line option for the treatment of acute exacerbations in patients with muscle spasms, short-term use only of 2-3 weeks is recommended. In this case, there was no acute exacerbation. The quantity being prescribed is consistent with long term. It was therefore not medically necessary.