

Case Number:	CM15-0108329		
Date Assigned:	06/15/2015	Date of Injury:	09/02/2005
Decision Date:	07/14/2015	UR Denial Date:	05/06/2015
Priority:	Standard	Application Received:	06/05/2015

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 49-year-old male, who sustained an industrial injury on September 2, 2005. The injured worker was diagnosed as having lumbar disc degeneration, chronic pain, lumbar failed back surgery syndrome, lumbar radiculopathy, and status post lumbar spine fusion. Treatment to date has included electromyography (EMG)/nerve conduction study (NCS), MRI, acupuncture, physical therapy, home exercise program (HEP), and medication. Currently, the injured worker complains of neck pain with numbness intermittently in the left upper extremity to the level of the hand with frequent neck muscle spasms, low back pain that radiates down the bilateral lower extremities, bilateral buttocks, and bilateral feet, with frequent numbness in the bilateral lower extremities and frequent weakness in the left lower extremity, upper extremity pain, bilateral shoulder pain, and middle back pain. The Treating Physician's report dated April 8, 2015, noted the injured worker reported his pain unchanged since the previous visit, rated as 7-8/10 in intensity on average with medications since the previous visit, and 10/10 in intensity on average without medication since the previous visit. The cervical spine examination was noted to show tenderness to palpation at the bilateral paravertebral C4-C6 area with spasm noted bilaterally in the trapezius muscles and C4-C6 bilaterally in the paraspinal muscles. The lumbar spine was noted to have spasms in the bilateral paraspinal musculature L2-L5, with tenderness to palpation in the bilateral paravertebral area L2-S1 levels, decreased range of motion (ROM) due to pain, and positive straight leg raise. The sensory examination was noted to show decreased sensitivity to touch along the L2-S1 dermatomes in the bilateral lower extremities. The treatment plan was noted to include continued on-going home exercise program (HEP), urine drug screen (UDS), and request for authorization for continuation of current medications of Flexeril, Gabapentin, Hydrocodone/APAP, and EnovaRx-Ibuprofen, with Ketoprofen discontinued.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 10 mg #20: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-64, 78, 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Cyclobenzaprine (Flexeril), p41 (2) Muscle relaxants, p63 Page(s): 41, 63.

Decision rationale: The claimant has a remote history of a work injury occurring in September 2005 and continues to be treated for chronic spine pain. When seen, pain was rated at 7/10. There was cervical and lumbar muscle spasms with tenderness. There was decreased lumbar spine range of motion. He had decreased lower extremity strength and sensation and positive straight leg raising. 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, the quantity being prescribed is consistent with ongoing long-term use and it appears to be ineffective. It was therefore not medically necessary.