

Case Number:	CM15-0131823		
Date Assigned:	07/20/2015	Date of Injury:	11/08/2004
Decision Date:	08/27/2015	UR Denial Date:	06/17/2015
Priority:	Standard	Application Received:	07/08/2015

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: 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 55 year old female who sustained an industrial injury on 11/08/2004. Mechanism of injury was an assault by a client injuring her neck, back, extremities and psyche. Diagnoses include lumbar radiculopathy, lumbar herniated nucleus pulposus without myelopathy, right DeQuervain's, right carpal tunnel syndrome, spondylolisthesis, hallux rigidus on the left, right shoulder impingement syndrome-status post right shoulder surgery (2006), and post-traumatic stress syndrome. Treatment to date has included diagnostic studies, medications, surgery, physical therapy, back support, thumb splint, TMJ treatment, and psychological care. Her currently prescribed medications include Soma, Vicodin, Abilify, Levothyroxine, Bupropion, Cymbalta, Multivitamin and Vitamin D. Magnetic Resonance Imaging of the lumbar spine done on 04/15/2015 showed severe posterior facet arthropathy at L4-5 with degenerative grade 1 anterolisthesis and moderate left greater than right foraminal narrowing and L4 nerve root impingement, and there is also borderline spinal stenosis. There is an asymmetric bulge to the left at L5-S1 with moderate to severe left foraminal narrowing and L5 nerve root impingement. A Electromyography study of her lower extremities done on 06/05/2015 revealed chronic motor unit changes in L5 innervated muscles in both lower extremities, more prominent change on the left and abnormalities in the left S1 nerve root impingement. The finding support a bilateral L5 nerve root impingement and left S1 nerve root impingement that are chronic. A physician progress note dated 05/28/2015 documents the injured worker complained of intractable back pain that is constant, moderate to severe and which radiated to the bilateral lower extremities and is associated with stiffness, tingling and numbness. She walked without an

assistive device. She tolerated her medications. She also complained of left foot and ankle pain which is constant and symptoms were described as mild to moderate. She had shoulder pain which was constant, moderate to severe and with associated profound movement limitation. Pain radiated to the right upper extremity. The treatment plan includes physical therapy, and medications. Treatment requested is for Cyclobenzaprine 7.5mg, #60.

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 Page(s): 63.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47, Chronic Pain Treatment Guidelines Cyclobenzaprine; Muscle relaxants (for pain) Page(s): 41-2, 63-66.

Decision rationale: Cyclobenzaprine (Flexeril) is classified as a sedating skeletal muscle relaxant. This class of medications can be helpful in reducing pain and muscle tension thus increasing patient mobility. Off-label use includes treatment of fibromyalgia. Muscle relaxants as a group, however, are recommended for short-term use only as their efficacy appears to diminish over time. In fact, studies have shown Cyclobenzaprine's greatest effect is in the first 4 days of treatment after which use may actually hinder return to functional activities. They are considered no more effective at pain control than non-steroidal anti-inflammatory medication (NSAIDs) and there is no study that shows combination therapy of NSAIDs with muscle relaxants have a demonstrable benefit. This patient has been on carisoprodol, AKA Soma (another muscle relaxant), therapy for over 10 years. She was recently denied this medication. While on this medication and since being taken off this medication there was no mention in any of the medical records available for review that she suffered from muscle spasm. She has not been diagnosed with fibromyalgia. Cyclobenzaprine has now been prescribed to be used regularly, not on an as needed basis. At this point in the care of this patient there is no indication for use of Cyclobenzaprine, specifically, or muscle relaxants as a class. Medical necessity has not been established and therefore not medically necessary.