

Case Number:	CM15-0134089		
Date Assigned:	07/22/2015	Date of Injury:	09/02/2014
Decision Date:	08/26/2015	UR Denial Date:	07/09/2015
Priority:	Standard	Application Received:	07/10/2015

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: Physical Medicine & Rehabilitation

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 40 year old female, who sustained an industrial injury on 9/2/2014. The mechanism of injury is unknown. The injured worker was diagnosed as having cervical 5-7 foraminal stenosis with radiculopathy and left cervical trapezius and peri-scapular pain. Cervical magnetic resonance imaging showed cervical 5-7 foraminal stenosis. Treatment to date has included physical therapy, home exercise and medication management. In a progress note dated 6/12/2015, the injured worker complains of cervical and left trapezius and peri-scapular pain rated 6/10. Physical examination showed cervical tenderness with decreased range of motion and peri-scapular tenderness with spasm. The treating physician is requesting retrospective Cyclobenzaprine 7.5mg, #90 (date of service: 06/12/2015).

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Cyclobenzaprine 7.5mg, #90 (DOS: 06/12/2015): 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 Muscle relaxants (for pain) Page(s): 63-66.

Decision rationale: The patient presents with significant left upper extremity cervical radicular-type symptoms. The request is for Retrospective Cyclobenzaprine 7.5mg, #90 (DOS: 06/12/2015). The request for authorization is not provided. MRI of the cervical spine, 05/22/15, shows mild bilateral foraminal narrowing at C5-6, left greater than right, due to a mild disc bulge and 2 mm left foraminal end plate osteophytes with mild bilateral foraminal narrowing at C6-7 due to a mild disc bulge. Physical examination reveals tenderness cervical spine and left periscapular musculature with spasm. Patient recalls physical therapy did facilitate diminution in pain, however, relief is temporary. Medication does facilitate maintenance of ADL's including necessary household duties, shopping for groceries, grooming, and simple food preparation and cooking, recalls refractory spasm prior to Cyclobenzaprine on board at current dosing. Cyclobenzaprine decreases spasm for approximately 4-6 hours, facilitating marked improvement in range of motion, tolerance to exercise, and additional decrease in overall pain level 3-4 points average on scale of 10. Patient's medications include Duloxetine, Naproxen, Pantoprazole and Cyclobenzaprine. Per progress report dated 07/02/15, the patient is temporarily partially disabled. MTUS pg 63-66 states: "Muscle relaxants (for pain): Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbation in patients with chronic LBP. The most commonly prescribed antispasmodic agents are carisoprodol, cyclobenzaprine, metaxalone, and methocarbamol, but despite their popularity, skeletal muscle relaxants should not be the primary drug class of choice for musculoskeletal conditions. Cyclobenzaprine (Flexeril, Amrix, Fexmid, generic available): Recommended for a short course of therapy." Per progress report dated 06/12/15, treater's reason for the request is "Spasm decreases markedly with this medication on board, for approximately 6 hours, facilitating consistent additional 2-3 point average diminution in pain, improved range of motion, and greater tolerance to exercise/activity level." However, MTUS only recommends short-term use (no more than 2-3 weeks) for sedating muscle relaxants. In this case, the patient has been prescribed Cyclobenzaprine since at least 04/17/15. The request for additional Cyclobenzaprine #90 would exceed MTUS recommendation and does not indicate intended short-term use. Therefore, the request is not medically necessary.