

Case Number:	CM15-0149258		
Date Assigned:	08/12/2015	Date of Injury:	08/23/2011
Decision Date:	09/09/2015	UR Denial Date:	07/13/2015
Priority:	Standard	Application Received:	07/31/2015

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: New Jersey, Alabama, California
 Certification(s)/Specialty: Neurology, Neuromuscular 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 56 year old male with an industrial injury dated 08-23-2011. His diagnoses included chronic neck pain, cervicogenic headache, multi-level degenerative disc disease of cervical spine with facet arthropathy and multi-level cervical neural foraminal narrowing, severe. Prior treatment included physical therapy, medications, rhizotomy bilateral cervical 2-3 and cervical 3-4, right shoulder replacement, cervical medial branch block injections and cervical epidural injection. Comorbid conditions included open heart surgery with mechanical valve - on Coumadin. He presents on 05-27-2015 with complaints of neck pain rated as 3-5 out of 10 with Norco and 7 out of 10 without Norco. He complains of muscle spasms in the left side of the neck and frequent headaches. Physical exam noted decreased range of motion of the cervical spine with tenderness over the upper cervical facets right side worse than left. There was pain with bilateral cervical facet loading. Treatment plan included refill Norco, Flexeril and Flexeril cream. Gabapentin was discontinued and he was to start Pamelor. The treatment request for Norco 10-325 mg # 90 and follow up was authorized. The treatment requests for review are Pamelor (unspecified dose, quantity, and frequency), Cyclobenzaprine 7.5 mg #30, and CM2 Cyclobenzaprine 5% (Flexeril Cream).

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 7.5mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines muscle relaxants Page(s): 63.

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

Decision rationale: According to MTUS guidelines, a non-sedating muscle relaxant is recommended with caution as a second line option for short term treatment of acute exacerbation in patients with chronic spasm and pain. Efficacy appears to diminish over time and prolonged use may cause dependence. The guidelines do not recommend to be used for more than 2-3 weeks. The patient in this case does not have clear recent evidence of spasm and the prolonged use of Cyclobenzaprine is not justified. In addition, Cyclobenzaprine is sedating. Therefore, the request for Cyclobenzaprine 7.5mg #30 is not medically necessary.

CM2 Cyclobenzaprine 5% (Flexeril Cream): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines muscle relaxants Page(s): 63.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111.

Decision rationale: According to MTUS, in Chronic Pain Medical Treatment guidelines section Topical Analgesics (page 111), topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Many agents are combined to other pain medications for pain control. There is limited research to support the use of many of these agents. Furthermore, according to MTUS guidelines, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. Cyclobenzaprine is not recommended as a topical analgesic. Therefore, Cyclobenzaprine 5% cream is not medically necessary.

Pamelor (unspecified dose, quantity, and frequency): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines anti-depressants Page(s): 14-15.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 13.

Decision rationale: According to MTUS guidelines, antidepressants "Recommended as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. (Feuerstein, 1997) (Perrot, 2006) Tricyclics are generally considered a first-line agent unless they are ineffective, poorly tolerated, or contraindicated. Analgesia generally occurs within a few days to a week, whereas antidepressant effect takes longer to occur. (Saarto-Cochrane, 2005) Assessment of

treatment efficacy should include not only pain outcomes, but also an evaluation of function, changes in use of other analgesic medication, sleep quality and duration, and psychological assessment. Side effects, including excessive sedation (especially that which would affect work performance) should be assessed." There is no documentation of objective pain and functional improvement with previous use of Pamelor. Therefore, Pamelor (unspecified dose, quantity, and frequency) the request is not medically necessary.