

Case Number:	CM15-0161171		
Date Assigned:	08/28/2015	Date of Injury:	12/20/2011
Decision Date:	10/13/2015	UR Denial Date:	07/23/2015
Priority:	Standard	Application Received:	08/18/2015

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 51 year old male who sustained an industrial injury on 12-20-2011. Initial injuries occurred to the cervical spine as a result of a work related incident. Previous treatments included medications, surgical intervention, and physical therapy. Previous diagnostic studies included electrodiagnostic study and MRI of the cervical spine. Report dated 06-24-2015 noted that the injured worker presented with complaints that included pain in the neck with radiation of pain down the left arm associated with occasional numbness and tingling. Pain level was 6-7 out of 10 on a visual analog scale (VAS). Physical examination was positive for tenderness over the paravertebral musculature and mid-line spinous process, decreased cervical range of motion, Spurling's maneuver is positive on the left, decreased motor strength in the left deltoid and biceps, decreased sensation over the left C6 and C7 dermatome distribution, and decreased left grip strength when compared to the right. Current diagnoses include cervical radiculopathy, myofascial pain, muscle spasms, and left shoulder pain status post left shoulder arthroscopy. The treatment plan included recommendation for a cervical epidural steroid injection, prescribed Anaprox, venlafaxine, and Cyclobenzaprine for muscle spasms, risk assessment was completed, pain medication contract was signed, and follow up in 4 weeks. Currently the injured worker is not working. Disputed 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 #100: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Cyclobenzaprine (Flexeril).

Decision rationale: Based on the 6/24/15 progress report provided by the treating physician, this patient presents with constant, throbbing, sharp neck pain that is rated 6-7/10 on VAS scale, that radiates down the left arm with occasional numbness/tingling. The treater has asked for Cyclobenzaprine 7.5MG #100 on 6/24/15. The patient's diagnoses per request for authorization dated 7/15/15 are cervical radiculopathy, myofascial pain, muscle spasms. The patient states that her neck/arm pain is increased with reaching, pulling, pushing, and is decreased with pain medications and rest per 6/24/15 report. The patient is s/p MRI of the C-spine and EMG/NCV of upper extremities per 6/24/15 report. The patient is s/p an unspecified left shoulder surgery from 3/27/15 per 6/24/15 report. The patient was prescribed Anaprox, Venlafaxine, and Cyclobenzaprine on 6/24/15 report. The patient felt a pull on his upper back when doing work hardening, of which he has done 7 sessions per 5/7/15 report. The patient is currently not working as of 6/24/15 report. MTUS Guidelines, Cyclobenzaprine section, page 64 states: "Recommended for a short course of therapy. Limited, mixed-evidence does not allow for a recommendation for chronic use. Cyclobenzaprine is a skeletal muscle relaxant and a central nervous system depressant with similar effects to tricyclic antidepressants (e.g. Amitriptyline). This medication is not recommended to be used for longer than 2-3 weeks." In regard to the request for Cyclobenzaprine, the provider has specified an excessive duration of therapy. This appears to be the initiating prescription of "Cyclobenzaprine 7.5mg 1 p.o. q6-8h p.r.n #100 spasms, no refills," per 6/24/15 report. Guidelines indicate that muscle relaxants such as Cyclobenzaprine are considered appropriate for acute exacerbations of pain/spasm. However, MTUS Guidelines do not recommend use for longer than 2 to 3 weeks, the requested 100 tablets does not imply the intent to utilize this medication short term. There is no discussion of an acute flare-up in this patient's symptoms, or a stated intent to utilize this medication short term. Therefore, the request IS NOT medically necessary.