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| Case Number: | CM15-0164325 | | |
| Date Assigned: | 09/10/2015 | Date of Injury: | 09/24/2007 |
| Decision Date: | 10/13/2015 | UR Denial Date: | 07/20/2015 |
| Priority: | Standard | Application Received: | 08/21/2015 |

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: North Carolina
 Certification(s)/Specialty: Family Practice

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 50-year-old female, who sustained an industrial injury on 9-24-07. Initial complaints were not reviewed. The injured worker was diagnosed as having chronic lumbar spine pain; radiculopathy lower extremities; recurrent myofascial strain; chronic cervicgia. Treatment to date has included physical therapy; acupuncture; Extracorporeal Shock-wave Therapy; urine drug screening; medications. Currently, the PR-2 notes dated 5-28-15 indicated the injured worker was seen in the office for her industrial injury for neck pain radiating to her bilateral upper extremities, and lower back pain with significant pain radiating into her bilateral lower extremities. She continues to have moderate to severe pain over the lower back and radiating pain to the bilateral lower extremities worse on the right lower extremity. She continues to complain of bilateral knee pain and spasms. She rates her pain as 8 out of 10 without medications and rates her daily function as 4 out of 10. She is currently taking Norco, Fexmid, Cymbalta, Laxa Ciri, Prilosec and using a Celebrex-Lyrica-Lidocaine rub and Baclofen-tramadol rub with some relief of pain. She notes episodes of increased pain with indiscreet movement of the neck and lower back. Increased activities also increase her pain. On physical examination the provider documents the cervical spine has limited range of motion in all directions secondary to pain, tightness and stiffness. She has moderate tenderness over the cervical spinous process from C3 to C7 and worse at C6-C7. There is noted tenderness over the facet joints from C3 to C7 with positive provocation test; worse on the left. Tinel's sign is positive bilaterally. She has diminished sensory to touch over the left medial and lateral forearm. There is limited range of motion of the lumbar spine in all directions due to pain and stiffness. Moderate to severe

tenderness over the facet joints L5-to S1 bilaterally. Noted tenderness over the sacroiliac joints bilaterally worse on the left compared to the right. Straight leg in sitting position is positive and lower extremity reflexes are diminished at the patella and Achilles on the left. It was noted that a urine drug screening dated 3-2-15 is negative for aberrant drug behavior. Another was done 4-27-15 and reported Hydrocodone and this was discussed with the injured worker on this visit. She is a status post lumbar epidural steroid injection at L3-4 on 8-13-15 and reports she has improvement in her lower back pain and lumbar radicular symptoms. He documents she has moderate to severe pain over the lower back and radiating pain continues to the bilateral lower extremities. She reports continued bilateral knee pain and spasms. He will request another lumbar epidural steroid injection, start her on Ultram ER 150mg daily, and continue with the rest of her medication regimen. A Request for Authorization is dated 8-13-15. A Utilization Review letter is dated 7-20-15 and non-certification of Cyclobenzaprine 7.5mg #60. The provider is requesting authorization of 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 Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

Decision rationale: The California chronic pain medical treatment guidelines section on muscle relaxants states: Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. (Chou, 2007) (Mens, 2005) (Van Tulder, 1998) (Van Tulder, 2003) (Van Tulder, 2006) (Schnitzer, 2004) (See, 2008) Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement. In addition, there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. (Homik, 2004) (Chou, 2004) This medication is not intended for long-term use per the California MTUS. The medication has not been prescribed for the flare-up of chronic low back pain. This is not an approved use for the medication. For these reasons, criteria for the use of this medication have not been met. Therefore, the request is not medically necessary.