

Case Number:	CM15-0168012		
Date Assigned:	09/08/2015	Date of Injury:	08/04/2009
Decision Date:	10/07/2015	UR Denial Date:	08/26/2015
Priority:	Standard	Application Received:	08/26/2015

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 53 year old female who sustained an industrial injury on 08-04-2009. The injured worker was diagnosed with cervical degenerative disc disease, cervical radiculitis, lumbar degenerative disc disease and lumbosacral neuritis or radiculitis, unspecified. There were no surgical interventions noted. Past treatments that were documented consist of physical therapy, transcutaneous electrical nerve stimulation (TENS) unit and medications. The requested treatment for IMR was initially reviewed by the Utilization Review on 08-26-2015. According to the treating physician's report dated August 19, 2015, the injured worker reported neck and back pain a little more intense since last visit several months ago. The injured worker was diagnosed with fibromyalgia during this interim. There were no other changes in symptoms. There were no objective findings documented. An earlier report on March 19, 2015 noted an increase in pain due to lack of medication approval. Examination documented a normal gait with an unchanged examination. No specific objective findings were noted. Current medications were noted as Lidoderm patch and Flexeril. The treatment plan consists of follow-up in one month and the current request for Cyclobenzaprine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective cyclobenzaprine 7.5 mg, sixty count (DOS- 8/19/2015): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 41 - 42, 63.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants, pg 128.

Decision rationale: Guidelines do not recommend long-term use of this muscle relaxant for this chronic 2009 injury. Additionally, the efficacy in clinical trials has been inconsistent and most studies are small and of short duration. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. Submitted reports have not adequately demonstrated the indication or medical need for this treatment and there is no report of significant progressive deteriorating clinical findings, acute flare-up or new injury to support for its long-term use. There is no report of functional improvement resulting from its previous treatment in terms of decreased pharmacological dosing, decreased medical utilization, increased ADLs and functional work status to support further use as the patient remains unchanged. The Retrospective cyclobenzaprine 7.5 mg, sixty count (DOS- 8/19/2015) is not medically necessary and appropriate.