

Case Number:	CM15-0169882		
Date Assigned:	09/10/2015	Date of Injury:	09/01/2009
Decision Date:	10/08/2015	UR Denial Date:	08/19/2015
Priority:	Standard	Application Received:	08/28/2015

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: Arizona, California

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 60 year old male, who sustained an industrial injury on 9-1-09. The injured worker is undergoing treatment for cervicgia, cervical spondylosis and shoulder arthropathy. Medical records dated 5-19-15 through 7-7-15 indicate the injured worker complains of neck, shoulder and back pain radiating down the arms to the hands with numbness and tingling. He rates the pain 4 out of 10 with 2 out of 10 at the best and 6 out of 10 at the worst. Physical exam notes cervical tenderness to palpation of the paraspinal muscles, decreased range of motion (ROM) and positive Spurling's sign. There is shoulder impingement with positive Hawkin's Treatment to date has included electromyogram and nerve conduction study (11-4-13) suggestive of cervical radiculopathy, magnetic resonance imaging (MRI) (7-27-12) revealing cervical degenerative disc disease (DDD) and stenosis and medication. The record indicates cyclobenzaprine was prescribed at the 5-19-15 and 7-7-15 visits. The original utilization review dated 8-17-15 indicates the request for cyclobenzaprine #60 is modified to cyclobenzaprine #20 noting "the medication is not recommended to be used for longer than 2-3 weeks" and to allow for weaning.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for Cyclobenzaprine 7.5mg, twice daily #60, dates of service: 05/19/15 and 07/07/15: 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: According to the MTUS guidelines, Cyclobenzaprine (Flexeril) is more effective than placebo for back pain. It is recommended for short course therapy and has the greatest benefit in the first 4 days suggesting that shorter courses may be better. Those with fibromyalgia were 3 times more likely to report overall improvement, particularly sleep. Treatment should be brief. There is also a post-op use. The addition of Cyclobenzaprine to other agents is not recommended. The claimant had been prescribed Flexeril for several months in combination with NSAIDS and opioids. Spasms were not particularly noted on recent examination. The use of Flexeril (Cyclobenzaprine) for the dates in question was not medically necessary.