Case Number:	CM15-0184077		
Date Assigned:	09/24/2015	Date of Injury:	04/01/2009
Decision Date:	11/09/2015	UR Denial Date:	08/26/2015
Priority:	Standard	Application Received:	09/18/2015

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, Pain Management, Occupational 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:

This is a 55 year old male with a date of injury of April 1, 2009. A review of the medical records indicates that the injured worker is undergoing treatment for chronic pain, cervical disc degeneration, cervical facet arthropathy, cervical failed back surgery syndrome, and cervical radiculopathy. Medical records dated June 8, 2015 indicate that the injured worker complains of neck pain radiating down the bilateral upper extremities with tingling and numbness, lower back pain radiating down the bilateral lower extremities, headaches, insomnia, and pain that is rated at a level of 9 out of 10 and 10 out of 10 without medications. Records also indicate that the injured worker had limitations with activities of daily living including activity, ambulation, hand function, and sleep. A progress note dated July 20, 2015 notes subjective complaints similar to those reported on June 8, 2015. Per the treating physician (August 20, 2015), the employee has not returned to work. The physical exam dated June 8, 2015 reveals cervical spine vertebral tenderness from C4-7, tenderness to palpation at the bilateral cervical paravertebral C4-7 area, moderately to severely limited range of motion of the cervical spine due to pain, decreased sensation on the left upper extremity in the C5-6 dermatome, and decreased strength on the right upper extremity at the C5-7 dermatomes. The progress note dated July 20, 2015 documented a physical examination that showed no changes since the examination conducted on June 8, 2015. Treatment has included medications (Norco, Flexeril, Gabapentin, Ibuprofen, Tramadol and Doxepin since at least July of 2015) and home exercise. The treating physician indicates that the

urine drug testing result dated November 24, 2014 showed "No inconsistencies". The original utilization review (August 26, 2015) non-certified a request for 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 7.5 mg #60: 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): Muscle relaxants (for pain).

Decision rationale: MTUS 2009 states muscle relaxants should not be used on a long-term basis. This patient is prescribed multiple centrally acting agents and continues to report significant symptoms. The primary treating physician has requested a spinal cord stimulator trial due to the uncontrolled symptoms. The ongoing use of cyclobenzaprine does not adhere to evidence-based guidelines and is not medically necessary. Past use of the medication has not been beneficial.