

Case Number:	CM15-0187028		
Date Assigned:	09/29/2015	Date of Injury:	01/02/1999
Decision Date:	11/06/2015	UR Denial Date:	09/01/2015
Priority:	Standard	Application Received:	09/23/2015

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 49-year-old female, with a reported date of injury of 01-02-1999. The diagnoses include thoracic or lumbosacral neuritis or radiculitis, neck pain, shoulder joint pain, low back pain, lower leg joint pain, lumbar degenerative disc disease, brachial neuritis or radiculitis, cervical disc disease, and myalgia and myositis. Treatments and evaluation to date have included Protonix, Sonata, Norco, Flurbiprofen-Gabapentin-Lidocaine rub, and Tramadol-Baclofen rub. The diagnostic studies to date have not been included in the medical records. The medical report dated 08-24-2015 indicates that the injured worker had ongoing neck pain with radiation to her right upper extremity; headaches; right shoulder pain; lower back pain with radiation to her bilateral lower extremities; and bilateral knee pain. On the day of the visit, the injured worker complained of severe right knee pain. She rated her current pain level 8 out of 10 on 08-24-2015 and 6 out of 10 on 08-18-2015; 4 out of 10 with medications; and 10 out of 10 without medications on 08-24-2015 and 9 out of 10 on 08-18-2015. The objective findings include muscle spasm in the neck; tenderness to palpation at C5-7; tenderness over the facet joints at C5-7 bilaterally with positive provocation test; tenderness to palpation of the paracervical muscles; tenderness to palpation of the trapezius muscles; decreased cervical range of motion; tenderness to palpation of the right shoulder; decreased right shoulder range of motion; tenderness to palpation of the right knee lateral and medial joint line; decreased knee range of motion; positive bilateral knee deformity; tenderness to palpation of the midline lumbar spine; tenderness over the facet joints at L2-S1 bilaterally with positive provocation test; tenderness to palpation of the midline sacral spine; tenderness to palpation of the bilateral

sacroiliac joint; positive lumbar muscle spasms; positive bilateral straight leg raise test; and diminished sensation to touch over the L3, L4, and L5 nerve root distribution. The treatment plan included Cyclobenzaprine, one tablet once a day, which seemed to be first prescribed on the day of the visit. There was documentation that an opioid agreement was discussed and the CURES report was reviewed. The request for authorization was dated 08-26-2015. The treating physician requested Cyclobenzaprine 7.5mg #30. On 01-09-2009-01-201515, Utilization Review (UR) non-certified the request for Cyclobenzaprine 7.5mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 7.5mg quantity 30 (1 tablet by mouth once a day, 30 day supply): 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: Guidelines do not recommend long-term use of this muscle relaxant for this chronic 1999 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 Cyclobenzaprine 7.5mg quantity 30 (1 tablet by mouth once a day, 30 day supply) is not medically necessary and appropriate.