

Case Number:	CM15-0189057		
Date Assigned:	10/01/2015	Date of Injury:	03/20/2011
Decision Date:	11/10/2015	UR Denial Date:	09/17/2015
Priority:	Standard	Application Received:	09/25/2015

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: New York, Tennessee

Certification(s)/Specialty: Emergency 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:

The injured worker is a 48 year old female, who sustained an industrial injury on 03-20-2011. A review of the medical records indicates that the injured worker (IW) is undergoing treatment for cervical facet arthropathy, cervical radiculopathy, cervical degenerative disc disease, and lumbar radiculopathy. Medical records (03-26-2015 to 07-16-2015) indicate ongoing neck pain with radiating pain into both shoulders and both arms. Pain levels were 6-8 out of 10 on a visual analog scale (VAS) on a good day, 10 out of 10 on a bad day, and described as sharp, throbbing, pins & needles, stabbing, numbness and pressure. Activity levels and level of functioning were not directly assessed. Per the treating physician's progress report (PR), the IW has not returned to work. The physical exam, dated 07-16-2015, revealed tenderness to palpation over the C6-7 area of the neck, pain across the cervical spine on extension, and along the facets, restricted range of motion (ROM) in the cervical spine, positive Spurling's maneuver centrally, decreased sensation in the T5, tenderness to palpation over the L4-5 area, bilateral lumbar paraspinal tenderness, restricted ROM in the lumbar spine, bilateral sciatic notch tenderness, an antalgic and weak gait, and spasms in the bilateral cervical and lumbar muscles. Relevant treatments have included physical therapy (PT), nerve block and injections, acupuncture, work restrictions, and pain medications (cyclobenzaprine since for several months). The request for authorization (07-20-2015) shows that the following medication was requested: retrospective cyclobenzaprine 10mg #60 (DOS 07-20-2015). The original utilization review (09-17-2015) non-certified the retrospective request for cyclobenzaprine 10mg #60 (DOS 07-20-2015).

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro Cyclobenzaprine 10 MG #60 DOS 7/20/15: 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): Muscle relaxants (for pain).

Decision rationale: Cyclobenzaprine is a muscle relaxant. Cyclobenzaprine is recommended as an option, for a short course of therapy. It has been found to be more effective than placebo with greater adverse side effects. Its greatest effect is in the first 4 days. Treatment should be brief. Non-sedating muscle relaxants are recommended with caution as a second-line option for short-term treatment (less than two weeks) of acute exacerbations in patients with chronic LBP. 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. Also 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. Sedation is the most commonly reported adverse effect of muscle relaxant medications. These drugs should be used with caution in patients driving motor vehicles or operating heavy machinery. In this case the patient has been using cyclobenzaprine since at least June 2015. The duration of treatment surpasses the recommended short-term duration of two weeks. The request should not be medically necessary.