

Case Number:	CM15-0193941		
Date Assigned:	11/03/2015	Date of Injury:	02/20/2003
Decision Date:	12/14/2015	UR Denial Date:	09/23/2015
Priority:	Standard	Application Received:	10/02/2015

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: North Carolina
 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:

This is a 56-year-old male with a date of industrial injury 2-20-2003. The medical records indicated the injured worker (IW) was treated for postlaminectomy syndrome, cervical region; displacement of cervical intervertebral disc without myelopathy; and cervicgia. In the progress notes (9-8-15), the IW reported chronic neck pain radiating to the bilateral upper extremities with tension headaches. The pain was 7 out of 10, sharp, burning and shooting with numbness and tingling in both upper extremities. He was taking Norco and Flexeril (since at least 4-2015). On examination (9-8-15 notes), there was no asymmetry or kyphosis of the cervical spine. Multiple scars were present anteriorly and posteriorly. Range of motion was limited with forward flexion, extension and cervical rotation -50 degrees bilaterally and side bending -15 degrees bilaterally. Right hand grip strength was 4+ out of 5, otherwise muscle strength was 5 out of 5 in the bilateral upper extremities. Sensation was diminished in the right C6 and C7 dermatomes. Treatments included medications, surgeries and functional restoration program. The IW was 'permanent and stationary'. The plan for treatment included MRI of the cervical spine and continuing current medications. The physical exams 7-13-15, 8-10-15 and 9-8-15 did not mention the presence of muscle spasms and there was no subjective report of improved function as a result of taking the medication. A Request for Authorization was received for Cyclobenzaprine 10mg #60. The Utilization Review on 9-23-15 non-certified the request for Cyclobenzaprine 10mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Cyclobenzaprine 10mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

Decision rationale: The California chronic pain medical treatment guidelines section on muscle relaxants states: Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. (Chou, 2007) (Mens, 2005) (Van Tulder, 1998) (Van Tulder, 2003) (Van Tulder, 2006) (Schnitzer, 2004) (See, 2008) 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. (Homik, 2004) (Chou, 2004) This medication is not intended for long-term use per the California MTUS. The medication has not been prescribed for the flare-up of chronic low back pain but rather ongoing b cervical spine pain this is not an approved use for the medication. For these reasons, criteria for the use of this medication have not been met. Therefore the request is not medically necessary.