

Case Number:	CM15-0195917		
Date Assigned:	10/09/2015	Date of Injury:	10/20/1999
Decision Date:	11/20/2015	UR Denial Date:	09/23/2015
Priority:	Standard	Application Received:	10/05/2015

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: 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:

This is a 54-year-old male with a date of industrial injury 10-20-1999. The medical records indicated the injured worker (IW) was treated for degenerative disc disease of the cervical spine with radiculopathy. In the progress notes (8-27-15), the IW reported neck pain rated 8 out of 10, worse on the left, with pain, numbness and tingling down the bilateral upper extremities to the fingertips, worse on the left and at the second and third digits. He also reported low back pain rated 8 out of 10, with radiation of pain, numbness, tingling or weakness down the bilateral lower extremities, equal in both legs. He complained of cramping in the lower extremities and tingling in the bilateral feet. Current medications were Pamelor 25mg, Flexeril 7.5mg (since at least 2-2015), Ultracet 37.5-325mg and Prilosec 20mg. Medications reportedly helped his pain by 60% and allowed increased function. He reported some dizziness and nausea, but tried to minimize this by not taking the medications every day. On examination (8-27-15 notes), there was diffuse tenderness to palpation over the cervical spine. Sensation was decreased in the left L3 through S1 dermatomes. Bilateral wrist flexion was graded 4+ out of 5, as were the major muscle groups tested in the left lower extremity. Treatments included physical therapy, 5 sessions, with moderate relief; chiropractic treatment, 5 sessions, with mild pain relief; acupuncture, 24 sessions, with significant temporary relief; and medications. The IW was not working. There was no documentation of subjective or objective findings of muscle spasms in the recent records. A Request for Authorization dated 8-27-15 was received for Cyclobenzaprine 20mg once daily, #60 and Cyclobenzaprine 7.5mg once daily, #60. The Utilization Review on 9-23-15 non-certified the request for Cyclobenzaprine 20mg once daily, #60 and Cyclobenzaprine 7.5mg once daily, #60

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 20mg once a day for muscle spasms, #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Cyclobenzaprine (Flexeril).

Decision rationale: Cyclobenzaprine, a muscle relaxant and as per MTUS guidelines, evidence show that it is better than placebo but is considered a second line treatment due to high risk of adverse events. It is recommended only for short course of treatment for acute exacerbations. There is some evidence of benefit in patients with fibromyalgia. Patient has been on this medication for several months. There is no documentation of improvement. The number of tablets is not consistent with short-term use or weaning. This request exceeds the maximum dose for standard cyclobenzaprine and could be extended release formulation. However, the provider did not state if this is an extended release or standard formulation. Without this information, this could lead to overdosing. Patient was also prescribed another cyclobenzaprine with a different dose leading to very high risk of overdosing. Cyclobenzaprine is not medically necessary.

Cyclobenzaprine 7.5mg once a day, #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Cyclobenzaprine (Flexeril).

Decision rationale: Cyclobenzaprine, a muscle relaxant and as per MTUS guidelines, evidence show that it is better than placebo but is considered a second line treatment due to high risk of adverse events. It is recommended only for short course of treatment for acute exacerbations. There is some evidence of benefit in patients with fibromyalgia. Patient has been on this medication for several months. There is no documentation of improvement. The number of tablets is not consistent with short-term use or weaning. Patient was also prescribed another cyclobenzaprine with a different dose leading to very high risk of overdosing. Not medically necessary.