

Case Number:	CM15-0196189		
Date Assigned:	10/14/2015	Date of Injury:	04/26/2012
Decision Date:	11/25/2015	UR Denial Date:	09/15/2015
Priority:	Standard	Application Received:	10/06/2015

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 51-year-old male who sustained an industrial injury April 26, 2012. Past history included right knee surgery and on February 13, 2015, lumbar radiofrequency bilateral L3-L5 and bilateral L5-S1; post procedure diagnoses- lumbar facet syndrome; low back pain. Current medication at that time included ibuprofen and Cyclobenzaprine. According to a treating certified physician's assistants office visit notes dated August 31, 2015, the injured worker presented for follow-up with complaints of pain along the neck with radiation into the right arm and lower back, rated 5 out of 10 with medication and 6 out of 10 without medication. Without medication, he reported decreased activity, mood, and impaired sleep. He is performing a home exercise program, stretching and walking. The physician's assistant documented the injured worker is compliant with CURES and has a negative urine toxicology screen (not dated). Examination revealed; knee, right braced. No further physical examination is documented. Treatment recommendations included previously denied by insurance massage therapy. At issue, is the request for authorization for Cyclobenzaprine and ibuprofen. According to utilization review dated September 15, 2015, the request for ibuprofen 800mg SIG: take (1) every (8) hours with food, Refills: (3) #90 was modified to ibuprofen 800mg #90. The request fir Cyclobenzaprine 10mg #60 is non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

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): Cyclobenzaprine (Flexeril), Muscle relaxants (for pain).

Decision rationale: The patient presents with pain in the low back and neck, radiating to the right upper extremity. The request is for Cyclobenzaprine 10MG, #60. Patient's treatments have included physical therapy, home exercise program, TENS, and medication. Per 08/31/15 progress report, patient's diagnosis include lumbar facet syndrome, lumbago, and thoracic or lumbosacral neuritis or radiculitis not otherwise specified. Patient's medications, per 06/29/15 progress report include Ibuprofen, Cyclobenzaprine, and Naproxen. Patient's work status was not specified. MTUS Chronic Pain Medical Treatment Guidelines, pages 64-65, Muscle Relaxants (for pain) section, states: "Cyclobenzaprine (Flexeril, Amrix, Fexmid, generic available): Recommended for a short course of therapy. Limited, mixed-evidence does not allow for a recommendation for chronic use. Cyclobenzaprine is a skeletal muscle relaxant and a central nervous system depressant with similar effects to tricyclic antidepressants (e.g. amitriptyline). Cyclobenzaprine is more effective than placebo in the management of back pain, although the effect is modest and comes at the price of adverse effects. It has a central mechanism of action, but it is not effective in treating spasticity from cerebral palsy or spinal cord disease. Cyclobenzaprine is associated with a number needed to treat of 3 at 2 weeks for symptom improvement. The greatest effect appears to be in the first 4 days of treatment." Treater does not discuss this request; no RFA was provided either. Review of the medical records provided indicates that the patient has been utilizing Cyclobenzaprine since at least 02/13/15. However, the treater has not documented the efficacy of this medication in terms of pain reduction and functional improvement. MTUS page 60 requires recording of pain and function when medications are used for chronic pain. Furthermore, MTUS Guidelines recommend short- term use of Cyclobenzaprine, not to exceed 3 weeks. The requested 60 tablets, in addition to prior use, do not imply short duration therapy. Therefore, the request IS NOT medically necessary.

Ibuprofen 800mg, #90 with 3 refills: 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): Anti-inflammatory medications.

Decision rationale: The patient presents with pain in the low back and neck, radiating to the right upper extremity. The request is for Ibuprofen 800MG, #90 with 3 refills. Patient's treatments have included physical therapy, home exercise program, TENS, and medication. Per 08/31/15 progress report, patient's diagnosis include lumbar facet syndrome, lumbago, and

thoracic or lumbosacral neuritis or radiculitis not otherwise specified. Patient's medications, per 06/29/15 progress report include Ibuprofen, Cyclobenzaprine, and Naproxen. Patient's work status was not specified. MTUS Chronic Pain Medical Treatment Guidelines, pg 22 for Anti-inflammatory medications states: Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. A comprehensive review of clinical trials on the efficacy and safety of drugs for the treatment of low back pain concludes that available evidence supports the effectiveness of non-selective nonsteroidal anti-inflammatory drugs (NSAIDs) in chronic LBP and of antidepressants in chronic LBP. MTUS p60 also states, "A record of pain and function with the medication should be recorded," when medications are used for chronic pain. Treater does not discuss this request; no RFA was provided either. Patient has received prescriptions for Ibuprofen from 02/13/15 through 08/31/15. In this case, the treater has not documented how this medication has been effective in management of patient's pain and function. MTUS page 60 require recording of pain and function when medications are used for chronic pain. Given the lack of documentation, as required by guidelines, the request IS NOT medically necessary.