MAXIMUS Federal Services

Case Number:	CM15-0197122		
Date Assigned:	10/12/2015	Date of Injury:	10/03/2003
Decision Date:	12/31/2015	UR Denial Date:	09/18/2015
Priority:	Standard	Application Received:	10/07/2015

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 Jersey
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:

The injured worker was a 68 year old female, who sustained an industrial injury on October 3, 2003. The injured worker was undergoing treatment for depressive disorder, Cervicalgia, Disc disorder of the cervical spine, lumbago, sciatica and carpal tunnel syndrome. According to progress note of August 26, 2015, the injured worker's chief complaint was ongoing pain in the hands, neck, shoulders and lower back with increased numbness and cramps in both legs. The injured worker rated the pain at 5 out of 10 with current medications and 7-8 without medications. The objective findings were guarded active movements and ambulation. There was decreased range of motion in the cervical spine. The bilateral shoulders had marked supraspinatus insertion tenderness. The anterior glenohumeral spasms of trapezius muscles and in the parascapular muscles rhomboid major and minor and cervical paraspinal muscle tension and tenderness to palpation with bocciput tenderness with palpation. The injured worker previously received the following treatments Vicodin 5-300mg, and Flexeril 10mg 1pill 3 times daily since March 27, 2015; Cymbalta and Omeprazole. The UR (utilization review board) denied certification on September 18, 2015; for a prescription for Cyclobenzaprine 10mg #90, no refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 10mg, #90 (Prescription date: 9/11/15): Upheld

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

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

Decision rationale: The MTUS Guidelines state that using muscle relaxants for muscle strain may be used as a second-line option for short-term treatment of acute exacerbations of chronic pain, but provides no benefit beyond NSAID use for pain and overall improvement, and are likely to cause unnecessary side effects. Efficacy appears to diminish over time, and prolonged use may lead to dependence. In the case of this worker, records suggested ongoing and chronic use of cyclobenzaprine for many months leading up to this request for continuation on a chronic, regular basis, which is not recommended for this drug class. Also, even if this was a request for treatment of an acute flare, for which there is no evidence found in recent notes, the #90 pills would be excessive anyway. Therefore, cyclobenzaprine will be considered medically unnecessary.