MAXIMUS Federal Services

Case Number:	CM15-0197206		
Date Assigned:	10/12/2015	Date of Injury:	01/19/2015
Decision Date:	11/25/2015	UR Denial Date:	10/01/2015
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: California, 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:

The injured worker is a 42 year old female, who sustained an industrial injury on 1-19-2015. The injured worker is undergoing treatment for: cervical spondylosis without myelopathy, cervicalgia, right side occipital neuralgia, myofascial pain syndrome. On 8-28-15, she reported pain to the neck, mid and lower back. She denied radiating pain and rated her neck pain 7 out of 10, and mid and low back pain as 1-2 out of 10. Physical findings are revealed as occipital tenderness, tenderness to the cervical spine muscles and rhomboid muscles, full cervical range of motion, negative spurlings test, and decreased satnion to right C6-C8 dermatome distributions. There is no notation regarding examination of the mid and lower back. On 9-18-15, she reported continued neck, mid and low back pain. She indicated medications decrease her pain by 50 percent up to 5 hours. She rated her neck pain 4 out of 10, mid back pain 4 out of 10, and low back pain as 3 out of 10. She is noted to have a normal heel and toe walk, tenderness in the neck with a decreased range of motion, thoracic and lumbar spine ranges of motion are noted to be decreased, and a positive spurling's on the right is noted. Spasms are noted in the neck paraspinals. The treatment and diagnostic testing to date has included: medications, at least 50 sessions of physical therapy, and at least 13 sessions of acupuncture, electrodiagnostic studies (7- 8-15). Medications have included: Flexeril (cyclobenzaprine), treximet, amitriptyline, and Norco. The records indicate she has been utilizing Cyclobenzaprine since at least June 2015, possibly longer. Norco is noted to give her symptoms of anxiety. Current work status: is noted as per primary treating physician. The request for authorization is for: Cyclobenzaprine 7.5mg quantity 30.The UR dated 10-1-2015: modified certification to Cyclobenzaprine 7.5mg quantity 21.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 7.5mg #30: 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): Cyclobenzaprine (Flexeril), Muscle relaxants (for pain).

Decision rationale: CA MTUS Guidelines state that Cyclobenzaprine is recommended for a short course of therapy. Limited, mixed evidence does not allow for recommendation for chronic use. Long-term use of muscle relaxants is not recommended. Muscle relaxants should be used for 3-4 days for acute spasm and no more than 2-3 weeks total. In this case, there appears to be no clear indication of benefit in the management of the patient's musculoskeletal pain. In this case, the Flexeril has been used since at least June 2015, which far exceeds recommended guidelines. Therefore, this request is not medically necessary or appropriate.