

Case Number:	CM15-0199373		
Date Assigned:	10/14/2015	Date of Injury:	11/03/2014
Decision Date:	11/23/2015	UR Denial Date:	09/08/2015
Priority:	Standard	Application Received:	10/09/2015

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:

The injured worker is a 39 year old male who sustained an industrial injury November 3, 2014. Past history included status post left shoulder surgery 2001. According to a primary treating physician's progress report dated August 3, 2015, the injured worker presented with complaints of constant headaches, rated 3-4 out of 10, and constant neck pain, rated 5 out of 10, with bilateral shoulder pain. He also reported constant low back pain, rated 6 out of 10, which radiates to the lower extremities. He reports that topical compounds help and decreases his use of oral medications. Objective findings included; lumbar range of motion- flexion 30 degrees, extension 10 degrees, right and left lateral flexion 10 degrees. No further physical exam is documented. Diagnoses are headaches; cervical radiculopathy; cervical spine disc protrusion; thoracic and lumbar spine sprain, strain, lumbar disc protrusion and radiculopathy; bilateral shoulder sprain, strain. Treatment plan included prescription for Norco and compounded shockwave creams, dispensed Omeprazole, Cyclobenzaprine Hydrochloride, Naproxen, compounded topical medication, evaluation for pain management and to continue with home exercise program. At issue, is the request for authorization for Cyclobenzaprine. Toxicology reports dated March 9, 2015 and June 8, 2015 are present in the medical record. An MRI of the cervical spine dated March 26, 2015 (report present in the medical record) impression is documented as; mild superior rightward tilt; C3-C4 2-3mm lateralizing bulge with moderate neural foraminal stenosis; there is mild central canal narrowing; C4-C5 2-3mm broad leftward bulge or protrusion with mild left neural foraminal encroachment; there is slight central canal narrowing. According to utilization review dated September 8, 2015, the request for Cyclobenzaprine 7.5mg BID (twice per day) #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 7.5mg bid #60: 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 requested Cyclobenzaprine 7.5mg bid #60 is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Muscle Relaxants, page 63-66, do not recommend muscle relaxants as more efficacious than NSAIDs and do not recommend use of muscle relaxants beyond the acute phase of treatment. The injured worker has constant headaches, rated 3-4 out of 10, and constant neck pain, rated 5 out of 10, with bilateral shoulder pain. He also reported constant low back pain, rated 6 out of 10, which radiates to the lower extremities. He reports that topical compounds help and decrease his use of oral medications. Objective findings included; lumbar range of motion- flexion 30 degrees, extension 10 degrees, right and left lateral flexion 10 degrees. No further physical exam is documented. The treating physician has not documented duration of treatment, spasticity or hypertonicity on exam, intolerance to NSAID treatment, nor objective evidence of derived functional improvement from its previous use. The criteria noted above not having been met, Cyclobenzaprine 7.5mg bid #60 is not medically necessary.