

Case Number:	CM15-0200060		
Date Assigned:	10/15/2015	Date of Injury:	09/04/1999
Decision Date:	12/01/2015	UR Denial Date:	10/04/2015
Priority:	Standard	Application Received:	10/12/2015

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, Hawaii

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:

This 53 year old woman sustained an industrial injury on 9-4-1999. Diagnoses include cervical disc displacement without myelopathy, lumbar disc displacement without myelopathy, pain in shoulder joint, and cervical post-laminectomy syndrome. Treatment has included oral and topical medications, surgical interventions, lumbar epidural steroid injection, and physical therapy. Physician notes dated 8-19-2015 show complaints of low back pain, painful and stiff shoulders, and neck pain. The physical examination shows no significant findings. Recommendations include Senokot-s, Buprenorphine, Thermacare heatwrap, Cyclobenzaprine, Naproxen, Lyrica, smoking cessation program, follow up with surgeon, ear nose and throat consultation, internal medicine consultation, oral surgery, gastroenterology consultation, physical therapy, psychiatric follow up, neurology consultation, home health assistance, nurse case manager, and follow up in six weeks. Utilization Review denied a request for Cyclobenzaprine on 10-4-2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 10mg #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): Muscle relaxants (for pain).

Decision rationale: The patient presents with pain affecting the cervical spine, lumbar spine, and bilateral shoulders. The current request is for Cyclobenzaprine 10mg #30. The treating physician report dated 4/16/15 (108B) notes that cyclobenzaprine was prescribed for muscle spasms. MTUS guidelines for muscle relaxants state the following: "Recommended for a short course of therapy. Limited, mixed-evidence does not allow for a recommendation for chronic use." MTUS guidelines for muscle relaxants for pain page 63 state the following: "Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP." MTUS does not recommend more than 2-3 weeks for use of this medication. The medical reports provided indicate that the patient has been taking this medication since at least 4/16/15 (108B). In this case, the medication is being prescribed for one half to one tab per night. The requested amount is for one to two months. The use of the medication is outside the 2-3 weeks recommended by MTUS. The current request is not medically necessary.