

Case Number:	CM15-0200773		
Date Assigned:	11/13/2015	Date of Injury:	05/20/2013
Decision Date:	12/29/2015	UR Denial Date:	10/07/2015
Priority:	Standard	Application Received:	10/13/2015

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: Pennsylvania

Certification(s)/Specialty: Internal Medicine, Hospice & Palliative 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:

This 64 year old female sustained an industrial injury on 5-20-13. Documentation indicated that the injured worker was receiving treatment for cervicgia with myospasms and bilateral carpal tunnel syndrome. Previous treatment included splinting and medications. In a PR-2 dated 8-27-15, the injured worker complained of ongoing bilateral upper extremity and cervical spine pain, rated 8 out of 10 on the visual analog scale. Physical exam was remarkable for cervical spine with tenderness to palpation to bilateral trapezius and paraspinal musculature with spasms and bilateral wrists with full range of motion and positive Tinel's, Phalen's and reverse Phalen's. Previous medications included Tylenol, Terocin patches and topical compound cream. The physician stated that the injured worker had not responded to Tylenol treatment because she suffered from neuropathic pain and not musculoskeletal. The treatment plan included starting Gabapentin for neuropathic pain and Cyclobenzaprine for cervical myospasms. On 10-7-15, Utilization Review noncertified a request for Cyclobenzaprine 7.5mg #60 (DOS: 8-27-15).

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for Cyclobenzaprine 7.5mg #60 (DOS 8/27/2015): Upheld

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

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

Decision rationale: Cyclobenzaprine is a medication in the antispasmodic muscle relaxant class. The MTUS Guidelines support the use of muscle relaxants with caution as a second-line option for short-term use in the treatment of a recent flare-up of long-standing lower back pain. Some literature suggests these medications may be effective in decreasing pain and muscle tension and in increasing mobility, although efficacy decreases over time. In most situations, however, using these medications does not add additional benefit over the use of non-steroidal anti-inflammatory drugs (NSAIDs), nor do they add additional benefit in combination with NSAIDs. Negative side effects, such as sedation, can interfere with the worker's function, and prolonged use can lead to dependence. The submitted and reviewed documentation indicated the worker was experiencing pain in the upper back that went into the arms including the first three fingers of each hand. There was no suggestion the worker was having a flare-up of long-standing lower back pain or discussion sufficiently describing special circumstances to support this request. In the absence of such evidence, the current request for 60 tablets of cyclobenzaprine 7.5mg is not medically necessary. Because the potentially serious risks outweigh the benefits in this situation based on the submitted documentation, an individualized taper should be able to be completed with the medication the worker has available if the worker already started it.