MAXIMUS Federal Services

Case Number:	CM15-0203742		
Date Assigned:	10/20/2015	Date of Injury:	02/16/2010
Decision Date:	12/10/2015	UR Denial Date:	10/15/2015
Priority:	Standard	Application	10/16/2015

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, Texas, Florida
Certification(s)/Specialty: Anesthesiology, Pain Management, 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:

The injured worker is a 53 year old female who sustained an industrial injury on February 16, 2010. The worker is being treated for: cervical disc osteophyte stenosis at C5-6 and C6-7, cervical myopathy and radiculopathy. Subjective: June 03, 2015, she reported continued complaint of neck pain that radiates into bilateral arms. October 22, 2015, she reported progressively increasing right wrist pain with gripping, grasping, pushing and pulling activities and occasional tingling along the right hand. October 07, 2015, she reported feeling “frustrated by how she is feeling with her neck, but is not ready to go to surgery.” Objective: June 03, 2015, noted increasing restricted range of movement, and tenderness at C6 and 6. There is a "very positive" Spurling's sign noted bilaterally. There is numbness and tingling into the thumb, index and long fingers of the right hand and a positive Hoffman's sign on the right. October 22, 2015 noted grip strength right side was 45 pounds versus 70 pounds on the left. The right wrist noted dorsiflexion of 70 degrees and palmar flexion of 60 degrees with symmetrical ulnar and radial deviation bilaterally. Medications: June 03, 2015: Norco 10mg with note of: "marginal success with cervical epidurals at C5-6. October 22, 2015: Norco, Diclofenac, Cyclobenzaprine, and Butalbital. August 17, 2015: Flexeril, Gabapentin, Lidocaine ointment, Norco, Aclofenac, and Soma. September 14, 2015: Cyclobenzaprine, Norco, Gabapentin, Aclofenac, Gabapentin, and Soma. Diagnostics: MRI cervical spine July 13, 2014 and May 22, 2015, EMG NCV, anterior and posterior radiographic study of cervical spine June 03, 2015, and October 22, 2015; MRI lumbar spine March 17, 2014. Treatments: activity modifications, medications, status post right wrist arthroscopy October 2011, cervical spine fusion 2011, epidural injection, home exercise program, psychological care. On October 08, 2015 a request was made for Cyclobenzaprine 7.5mg #60 that was noncertified by Utilization Review on October 15, 2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 7.5 mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

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

Decision rationale: Regarding the request for cyclobenzaprine, Chronic Pain Medical Treatment Guidelines support the use of non-sedating muscle relaxants to be used with caution as a 2nd line option for the short-term treatment of acute exacerbations of pain. Guidelines go on to state that cyclobenzaprine specifically is recommended for a short course of therapy. Within the documentation available for review, there is no identification of a specific analgesic benefit or objective functional improvement as a result of the cyclobenzaprine alone. Additionally, it does not appear that this medication is being prescribed for the short-term treatment of an acute exacerbation, as recommended by guidelines. In the absence of such documentation, the currently requested Cyclobenzaprine 7.5 mg #60 is not medically necessary.