

Case Number:	CM15-0204837		
Date Assigned:	11/19/2015	Date of Injury:	05/19/2011
Decision Date:	12/31/2015	UR Denial Date:	09/22/2015
Priority:	Standard	Application Received:	10/19/2015

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: Texas, California

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 55 year old female, who sustained an industrial injury on 5-19-2011. Diagnoses include status post cervical fusion in 2011, chronic cervical pain with upper extremity syndrome, and cervical paraspinal trigger points. Treatments to date include activity modification, Tramadol ER 150mg two daily, NSAID, and cyclobenzaprine, physical therapy, and home exercise. Several documents included in the submitted medical records are difficult to decipher. On 8-20-15, she complained of ongoing neck pain rated 6 out of 10 VASS with left upper extremity symptoms. The physical examination documented cervical tenderness with trigger points noted and decreased range of motion. The record documented a trail of topical antiepileptic drug "was efficacious." Tramadol ER 150mg once daily was noted to improve pain and increase functional ability. The record documented addressing the 4 A's, medication compliance, and opioid agreement. The plan of care included refilling medications as previously prescribed. At re-evaluation on 9-17-15, subjective and objective findings were unchanged. The plan of care included prescriptions to refill medications including Cyclobenzaprine 7.5mg, one three times daily as needed, #90. This review will address the request to authorize Cyclobenzaprine 7.5mg #90. The Utilization Review dated 9-22-15, denied the request. The patient has had history of muscle spasm and GI upset with NSAID. Per the note dated 9/17/15 the patient had complaints of pain in cervical spine. Physical examination of the cervical spine revealed limited range of motion and trigger points.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 7.5mg #90 (retrospective dos: 08/20/2015): Overturned

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).

Decision rationale: Request: Cyclobenzaprine 7.5mg #90 (retrospective dos: 08/20/2015). According to CA MTUS guidelines cited, "Recommended as an option, using a short course of therapy." Diagnoses include status post cervical fusion in 2011, chronic cervical pain with upper extremity syndrome, and cervical paraspinal trigger points. On 8-20-15, she complained of ongoing neck pain rated 6 out of 10 VASS with left upper extremity symptoms. The physical examination documented cervical tenderness with trigger points noted and decreased range of motion. The patient has had history of muscle spasm. Per the note dated 9/17/15 the patient had complaints of pain in cervical spine. Physical examination of the cervical spine revealed limited range of motion and trigger points. The patient also has chronic conditions with abnormal objective findings. These conditions are prone to intermittent exacerbations. Therefore the request for Cyclobenzaprine 7.5mg #90 (retrospective dos: 08/20/2015) is medically necessary and appropriate for prn use during exacerbations.