MAXIMUS Federal Services

Case Number:	CM15-0023854		
Date Assigned:	02/13/2015	Date of Injury:	03/31/2009
Decision Date:	04/02/2015	UR Denial Date:	01/09/2015
Priority:	Standard	Application Received:	02/09/2015

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: 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:

The injured worker is a 54 year old male, who sustained an industrial injury on 3/31/2009. He reports a fall and a left femur fracture. Diagnoses include status post closed reduction internal fixation of the left femur, post left knee arthroscopy from degenerative joint disease, lateral epicondylitis, lumbar degenerative disc disease with radiculopathy, chronic bilateral upper extremity radiculopathy, bilateral ulnar neuropathy and chronic pain syndrome. Treatments to date include surgery, physical therapy and medication management. A progress note from the treating provider dated 12/15/2014 indicates the injured worker reported bilateral shoulder pain, bilateral elbow pain, low back pain and bilateral wrist and hand pain.On 1/9/2015, Utilization Review non-certified the request for a retrospective review of Cyclobenzaprine 7.5 mg (12/15/2014), citing MTUS.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 7.5mg DOS 12/15/14: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine and Muscle Relaxants.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-66.

Decision rationale: The 54 year old patient presents with pain in lower back, bilateral shoulders, bilateral elbows, bilateral wrists, and bilateral hands, as per progress report dated 12/15/14. The request is for CYCLOBENZAPRINE 7.5 mg DOS 12-15-14. There is no RFA for this case, and the patient's date of injury is 03/31/09. Diagnoses included lateral epicondylitis, degenerative joint disease of the left knee, severe degenerative disc disease of the lumbar spine with herniated discs at L3-4 and L4-5, Scaphoid fracture, early degenerative joint disease of the left wrist, and healed complex fracture of L3. The patient is status post laminectomy/discectomy in 1989. EMG/NCV study, dated 09/22/14, revealed C5-6 radiculopathy.MTUS pg 63-66 states: "Muscle relaxants (for pain): Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbation in patients with chronic LBP. The most commonly prescribed antispasmodic agents are carisoprodol, cyclobenzaprine, metaxalone, and methocarbamol, but despite their popularity, skeletal muscle relaxants should not be the primary drug class of choice for musculoskeletal conditions. Cyclobenzaprine (Flexeril, Amrix, Fexmid, generic available): Recommended for a short course of therapy."In this case, none of the available progress reports document the patient's medications. The UR letter states that the most recent documentation of medications was noted in progress report dated 10/01/13 and it included Flexeril, Vicodin and Cialis. This report is not available for review. It is not clear if the patient has been taking Flexeril since then or had discontinued the use intermittently. The treater has not documented the impact of the medication on pain and function. Additionally, MTUS only recommends short-term use of muscle relaxants and the current request does not include quantity or duration of treatment. Hence, this request IS NOT medically necessary.