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| Case Number: | CM15-0217766 | | |
| Date Assigned: | 11/09/2015 | Date of Injury: | 03/04/2013 |
| Decision Date: | 12/24/2015 | UR Denial Date: | 10/15/2015 |
| Priority: | Standard | Application Received: | 11/05/2015 |

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 37 year old male, who sustained an industrial injury on 3-4-13. The injured worker was diagnosed as having cervical disc protrusion; left medial epicondylitis; left shoulder tenosynovitis; lumbar disc protrusion; right knee sprain-strain; insomnia; anxiety; depression. Treatment to date has included physical therapy; shockwave therapy; medications. Diagnostics studies included MRI lumbar spine (3-20-13); MRI cervical spine (3-20-13); MRI right knee (3-20-13); MRI left shoulder (3-20-13); MRI right hip (3-20-13). Currently, the PR-2 notes dated 9-23-15 indicated the injured worker complains of frequent moderate sharp neck pain becoming moderate pain radiating to the hands with numbness and weakness associated with looking up and down, prolonged sitting, repetitive twisting and stooping. He complains of frequent moderate sharp low back pain becoming moderate pain radiating to the feet with numbness and weakness associated with standing, sitting, walking, bending, twisting, turning and stooping. He complains of frequent moderate sharp left shoulder pain becoming stabbing moderate pain radiating to the left hand with tingling and weakness, associated with repetitive reaching, gripping, pushing, pulling and overhead reaching. He complains of left elbow pain that is moderate to dull becoming stabbing moderate pain radiating to the left small finger with tingling, associated with repetitive twisting, pushing and pulling. His right knee has intermittent pain that is moderate sharp and becoming moderate pain radiating to the right foot with cramping, associated with walking, driving, kneeling, stooping and squatting. A PR-2 note dated 1-14-15 documents "At this time we are going to go ahead and recommend acupuncture two times three weeks. We will give the patient muscle relaxer." PR-2 notes dated 8-13-15 indicated

the injured worker was taking Cyclobenzaprine 7.5mg 1 tab 2 times daily. A Request for Authorization is dated 10-20-15. A Utilization Review letter is dated 10-15-15 and MODIFIED THE CERTIFICATION for Cyclobenzaprine 7.5mg 1 tab 2 times daily as needed #60 to allow #20 ONLY. A request for authorization has been received for Cyclobenzaprine 7.5mg 1 tab 2 times daily as needed #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 7.5mg 1 tab 2 times daily as needed #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): 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: The patient was injured on 03/04/13 and presents with pain in his cervical spine, lumbar spine, left shoulder, left elbow, and right knee. The request is for CYCLOBENZAPRINE 7.5MG 1 TAB 2 TIMES DAILY AS NEEDED #60. The RFA is dated 10/01/15 and the patient is to return to modified work duty on 09/23/15. It is unclear when the patient began taking this medication. MTUS Guidelines, Muscle Relaxants section, pages 63-66 states: "Muscle relaxants (for pain): Recommended non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. The most commonly prescribed antispasmodic agents are carisoprodol, cyclobenzaprine, metaxalone, and methocarbamol, but despite the 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." The patient has tenderness to palpation of the cervical spine, muscle spasm of the cervical paravertebral muscles, tenderness to palpation of the lumbar spine, muscle spasm of the lumbar paravertebral muscles, and muscles spasm of the lateral shoulder. He is diagnosed with cervical disc protrusion, left medial epicondylitis, left shoulder tenosynovitis, lumbar disc protrusion, right knee sprain-strain, insomnia, anxiety, and depression. Treatment to date includes physical therapy, shockwave therapy, and medications. MTUS Guidelines do not recommend the use of Cyclobenzaprine for longer than 2 to 3 weeks. In this case, the requested 60 tablets exceeds guidelines. The requested Cyclobenzaprine IS NOT medically necessary.