

Case Number:	CM15-0224926		
Date Assigned:	11/23/2015	Date of Injury:	08/18/1998
Decision Date:	12/31/2015	UR Denial Date:	11/09/2015
Priority:	Standard	Application Received:	11/16/2015

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

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 64-year-old female who sustained an industrial injury on 8-18-1998 and has been treated for cervical and lumbar degenerative disc disease and radiculopathy. On 10-1-2015 the injured worker reported neck pain radiating into both arms, and low back pain. Pain was described as constant, sharp, dull, aching, pins and needles, electrical and shooting, burning, cramping, weakness, and spasm, and was rated at 10 out of 10. She stated that on a "good day," it has gone down to a 7 out of 10. Sitting and cold were noted to aggravate symptoms. She also complained of weakness. Objective findings include cervical paraspinal tenderness; forward flexion at 60 degrees and hyperextension at 50; positive right-sided sitting straight leg raise; spasm in bilateral cervical areas, and in the lumbar area; numbness to the right lateral foot; and, decreased upper and lower deep tendon reflexes, "but equal." Documented treatment includes home exercise, moist heat, stretching, Lyrica, Clonidine, Gablofen, Opana, and she has been treated with Cyclobenzaprine HCL 10 mg since at least 6-29-2015. Response to this medication is not evidenced in provided records. The note of 5-20-2015 states CURES and urine drug screenings have been "consistent"; and, there have been no adverse side effects. The treating physician's plan of care includes a request for #240 Cyclobenzaprine 10 mg tablets, which was denied on 11-9-2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 10mg #240: 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).

Decision rationale: The MTUS/Chronic Pain Medical Treatment Guidelines comment on the use of Cyclobenzaprine as a treatment modality. Cyclobenzaprine is a muscle relaxant. It is recommended as an option, using a short course of therapy. Cyclobenzaprine (Flexeril) is more effective than placebo in the management of back pain; the effect is modest and comes at the price of greater adverse effects. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. Treatment should be brief. In this case, the medical records indicate that Cyclobenzaprine is being used as a long-term treatment strategy for this patient's symptoms. As noted in the above cited guidelines, only short-term use is recommended. There is insufficient evidence that long-term use in this patient has been associated with functional improvement or diminished use of other treatment modalities. For these reasons, Cyclobenzaprine is not medically necessary.