MAXIMUS Federal Services

Case Number:	CM15-0030604		
Date Assigned:	02/24/2015	Date of Injury:	05/04/2013
Decision Date:	04/01/2015	UR Denial Date:	02/04/2015
Priority:	Standard	Application Received:	02/18/2015

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 35 year old male, who sustained an industrial injury on 05/04/2013. He had reported being on a ladder four feet high picking cherries, when a branch hit him causing him to fall to the ground landing on his back while he was carrying a 40 pound basket. The injured worker noted immediate pain to the low and upper back, neck and head. Diagnoses include cervical radiculopathy, lumbar radiculopathy, cervical, thoracic, lumbar sprain/strain, bilateral shoulder arthralgia, bilateral hip arthralgia, headaches of unknown etiology, and lumbar facet arthropathy. Treatment to date has included use of a corset, medication regimen, electromyogram to the bilateral upper and lower extremities, magnetic resonance imaging of the lumbar and cervical spine, chiropractic therapy to the neck and back, acupuncture, and bilateral block at lumbar five to sacral one. In a progress note dated 12/17/2014 the treating provider reports achy mid to low back and neck pain that radiates to the bilateral lower extremities and shoulders with a pain rating of eight out of ten along with associated symptoms of numbness to the bilateral thighs and bilateral upper extremities extending to the third and fourth digits, pressure headache to the occipital region, and difficulties with gripping objects. The treating physician requested the medication of Cyclobenzaprine to be used as needed for spasms and a medication panel to verify the injured worker's hepatic and renal function to maximize medication safety. On 02/03/2015 Utilization Review non-certified the requested treatments of one prescription of Cyclobenzaprine 7.5mg with a quantity of 60 and one medication panel between the dates of 12/17/2014 and 04/03/2015, noting the California, Chronic Pain Medical Treatment Guidelines, May 2009; Medical Services Commission, Abnormal Liver Chemistry -

Evaluation and Interpretation, Victoria(BC): British Columbia Medical Services Commission, 2011 August 1, 5 page; and U.S. Preventive Services Task Force (USPSTF), Screening For Chronic Kidney Disease: U.S. Preventive Services Task Force Recommendation Statement, Ann Intern Medication., 2012 October 16, 157(8): 567-70.

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 Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine Page(s): 46.

Decision rationale: The MTUS/Chronic Pain Medical Treatment Guidelines comment on the use of muscle relaxants such as cyclobenzaprine as a treatment modality. These guidelines state that cyclobenzaprine is recommended as an option, using a short course of therapy. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. In this case, the use of cyclobenzaprine has extended well beyond the MTUS recommendations that only support a short course of therapy with this drug. Therefore, use of cyclobenzaprine is not considered as medically necessary as a long-term treatment modality.

Med Panel: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants/Cyclobenzaprine Page(s): 46 & 64.

Decision rationale: The MTUS/Chronic Pain Medical Treatment Guidelines comment on the use of the muscle relaxant, cyclobenzaprine, as a treatment modality. These guidelines indicate that cyclobenzaprine should be reserved as a short term treatment; with its greatest effect being in the first 4 days of treatment. Cyclobenzaprine should not be used as a long-term treatment modality. Regarding the use of a med panel; the rationale for a med panel is to monitor the patient for evidence of liver or kidney disease. The patient had prior testing of liver and kidney function through a med panel blood test and these were essentially negative. The above cited MTUS guidelines do comment on the potential side effects of cyclobenzaprine. These include the following: Anti-cholinergic effects (drowsiness, urinary retention and dry mouth). Sedative effects may limit use. Headache has been noted. This medication should be avoided in patients with arrhythmias, heart block, heart failure and recent myocardial infarction. Side effects limit use in the elderly. In this case, there is no rationale that justifies the need to monitor liver and kidney function testing in a patient on cyclobenzaprine. This drug is intended only for short-term use and therefore, ongoing monitoring of a blood test for liver and kidney function is not

considered as necessary. Further, the MTUS guidelines do not suggest that cyclobenzaprine can affect liver or kidney function. For these reasons, a med panel test is not considered as medically necessary.