

Case Number:	CM15-0034388		
Date Assigned:	03/02/2015	Date of Injury:	04/19/2011
Decision Date:	04/08/2015	UR Denial Date:	02/20/2015
Priority:	Standard	Application Received:	02/23/2015

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: New Jersey

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 49-year-old female, who sustained an industrial injury on 04/19/2011. On provider visit 01/28/2015 the injured worker has reported chronic neck, bilateral upper extremity pain and lower back pain. The diagnoses have included right forearm extensor tendinitis and epicondylitis lateral. Treatment to date has included medication, x-ray to the right forearm and electromyogram/nerve conduction velocity studies. Treatment plan include acupuncture, previous prescribed medication and prescription for Flexeril. On examination she was noted to have spasm and guarding of the lumbar spine. On 02/20/2015 Utilization Review modified Cyclobenzaprine-Fexmid Tablets 7.5mg Qty: 90. The CA MTUS, ACOEM, Chronic Pain Medical Treatment Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine-Fexmid Tablets 7.5mg Qty: 90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain) Page(s): 63-66.

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

Decision rationale: The MTUS Guidelines state that using muscle relaxants for muscle strain may be used as a second-line option for short-term treatment of acute exacerbations of chronic pain, but provides no benefit beyond NSAID use for pain and overall improvement, and are likely to cause unnecessary side effects. Efficacy appears to diminish over time, and prolonged use may lead to dependence. In the case of this worker, the provider documented muscle spasm and requested a 90-pill supply of cyclobenzaprine to be used as needed for muscle spasm. The quantity recommended to this worker is more than would be needed to support a short course over 1-2 weeks, and since chronic use of this medication is not recommended, the request for cyclobenzaprine 7.5 mg, #90 will be considered medically unnecessary.