

<b>Case Number:</b>	CM15-0043936		
<b>Date Assigned:</b>	03/13/2015	<b>Date of Injury:</b>	12/10/2010
<b>Decision Date:</b>	04/23/2015	<b>UR Denial Date:</b>	02/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/09/2015

### 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: Pennsylvania

Certification(s)/Specialty: Internal Medicine, Hospice & Palliative Medicine

### 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 woman with a date of injury of 12/10/2010. The submitted and reviewed documentation did not identify the mechanism of injury. Treating physician notes dated 01/06/2015 and 02/03/2015 indicated the worker was experiencing pain in both arms, depressed and anxious moods, and problems sleeping. Documented examinations described tenderness in the lower arm and wrist and decreased feeling following the path of the C6 spinal nerve. The submitted and reviewed documentation concluded the worker was suffering from limb pain, enthesopathy of the elbow, chronic pain syndrome, fibromyalgia, carpal tunnel syndrome and numbness. Treatment recommendations included oral pain medications, additional massage therapy sessions, continued home exercise program, and H-wave treatment. A Utilization Review decision was rendered on 02/16/2015 recommending non-certification for six sessions of massage therapy and Flexeril (cyclobenzaprine) 7.5mg.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Massage therapy quantity 6.00:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Massage and Physical Medicine Page(s): 60; page(s) 98-99.

**Decision rationale:** The MTUS Guidelines discuss massage therapy as an option along with other recommended treatments, such as exercise, and it should be limited to four to six visits. Massage is a passive intervention and treatment dependence should be avoided. The limited scientific studies available show contradictory results of benefit. The submitted and reviewed records indicated the worker was experiencing pain in both arms, depressed and anxious moods, and problems sleeping. There was no discussion describing special circumstances that sufficiently supported this request. In the absence of such evidence, the current request for six additional sessions of massage therapy is not medically necessary.

**Flexeril 7.5mg:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Nsaids.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants, Weaning of Medications Page(s): 63-66; page 124.

**Decision rationale:** Flexeril (cyclobenzaprine) is a medication in the antispasmodic muscle relaxant class. The MTUS Guidelines support the use of muscle relaxants with caution as a second-line option for short-term use in the treatment of a recent flare-up of long-standing lower back pain. Some literature suggests these medications may be effective in decreasing pain and muscle tension and in increasing mobility, although efficacy decreases over time. In most situations, however, using these medications does not add additional benefit over the use of non-steroidal anti-inflammatory drugs (NSAIDs), nor do they add additional benefit in combination with NSAIDs. Negative side effects, such as sedation, can interfere with the worker's function, and prolonged use can lead to dependence. The submitted and reviewed documentation indicated the worker was experiencing pain in both arms, depressed and anxious moods, and problems sleeping. These records indicated the worker had been taking a medication in this class for at least several months, and worker had symptoms that included anxiety. There was no discussion detailing special circumstances that sufficiently supported the recommended long-term use. There also was no suggestion that the worker was having a new flare of lower back pain. Further, the request was made for an indefinite supply of medication, which does not account for potential changes in the worker's overall health or treatment needs. In the absence of such evidence, the current request for an infinite supply of Flexeril (cyclobenzaprine) 7.5mg is not medically necessary. Because the potentially serious risks outweigh the benefits in this situation based on the submitted documentation, an individualized taper should be able to be completed with the medication the worker has available.