

Case Number:	CM15-0047865		
Date Assigned:	03/19/2015	Date of Injury:	09/13/2013
Decision Date:	05/01/2015	UR Denial Date:	03/03/2015
Priority:	Standard	Application Received:	03/13/2015

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 was a 54 year old male, who sustained an industrial injury, September 13, 2013. The injured worker previously received the following treatments right shoulder MRI, physical therapy, lumbar surgery, cervical spine MRI, lumbar spine MRI, EMG/NCV (electromyography/nerve conduction velocity studies) of the upper extremities, left shoulder MRI, Naproxen, Ultram, Gabapentin, ice packs, traction, TENS (transcutaneous electrical nerve stimulator) unit, lumbar epidural steroid injection and left shoulder injection. The injured worker was diagnosed with HPN (herniated nucleus pulposus) of the lumbar spine, DDD (degenerative disc disease), low back pain, lumbar radiculopathy, cervical radiculopathy and Sciatica. According to progress note of January 19, 2015, the injured workers chief complaint was neck, shoulder and low back pain. The neck pain radiates to the bilateral shoulders regions with complaint of numbness and tingling in both hands. The low back pain without radiation to the lower extremities, however there was complaint of numbness and tingling of both feet when sitting or sleeping. The low back pain was described as burning, stabbing and aching. The symptoms were worse with sitting or prolonged walking. The pain radiates to the bilateral feet, greater on the left than the right. The physical exam noted tenderness with palpation to the bilateral lower cervical paraspinals with decreased range of motion. There was tenderness with palpation of the lumbar paraspinals with decreased range of motion. The straight leg test was negative on the left and positive on the left. The treatment plan included a prescription for Cyclobenzaprine for muscle spasms.

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 (dispensed by MD): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The patient presents with neck, low back and shoulder pain rated at 3/10 with and 6/10 without medications. The request is for CYCLOBENZAPRINE 7.5MG #60 (DISPENSED BY MD). The request for authorization is dated 02/23/15. The patient is status-post lumbar microdiscectomy, 05/20/14. Status-post lumbar ESI, 03/2014, no help. Status-post left shoulder ESI, 11/2014, some relief x 10 days. MRI of the lumbar spine, 10/18/13, shows L4-5 bilateral neural foraminal stenosis, 4-5mm broad-based disc protrusion. MRI of the cervical spine, 04/15/14, shows C5-6 broad based disc protrusion. The patient's medications include Gabapentin, Flexeril, Naproxen and Tramadol. CURES report dated, 02/23/15, is consistent. The patient is temporarily totally disabled. MTUS pg 63-66 states: "Muscle relaxants (for pain): Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbation in patients with chronic LBP. The most commonly prescribed antispasmodic agents are carisoprodol, cyclobenzaprine, metaxalone, and methocarbamol, but despite their 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." Per progress report dated, 02/23/15, treater's reason for the request is it "will be used to help with muscle spasm complaints." MTUS only recommends short-term use (no more than 2-3 weeks) for sedating muscle relaxants. Per progress report dated, 02/23/15, treater states, "This medication is not to be used more than 2 times daily and for no more than 1-2 weeks. However, the patient is prescribed Flexeril since at least, 01/19/15, for 5 weeks. Furthermore, the request for additional Flexeril #60 would exceed MTUS recommendation and does not indicate intended short-term use. Therefore, the request IS NOT medically necessary.