

Case Number:	CM15-0050551		
Date Assigned:	03/24/2015	Date of Injury:	06/05/2009
Decision Date:	05/01/2015	UR Denial Date:	02/17/2015
Priority:	Standard	Application Received:	03/17/2015

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 is a 49 year old female, who sustained an industrial injury on 6/05/2009. Diagnoses include cervical intervertebral disc displacement without myelopathy, brachial neuritis or radiculitis, carpal tunnel syndrome, lumbar intervertebral disc without myelopathy, neuritis/radiculitis thoracic/lumbosacral. Treatment to date has included diagnostic testing, home exercise, medications and activity modification. Per the Primary Treating Physician's Progress Report dated 1/31/2015, the injured worker reported left lumbar, lumbar, right lumbar, right sacroiliac, right buttock, right posterior leg, right posterior knee, right calf, right ankle, right foot, left anterior wrist, left anterior hand, left cervical, cervical, and right cervical pain noticed approximately 20% of the time. Pain was rated as 4/10. The discomfort is rated as a 6/10 at its worst and 2/10 at its best. She reported numbness and tingling to the left anterior wrist, left anterior hand, left posterior wrist, left posterior hand, left lumbar, left sacroiliac, right lumbar, right sacroiliac, right buttock, right posterior leg, right posterior knee, right calf, right ankle, right foot, right anterior leg, right anterior knee, right shin, and right ankle pain noticed approximately 40% of the time. Physical examination revealed decreased bilateral upper extremity range of motion. Cervical and lumbar ranges of motion were decreased. She remains temporarily totally disabled. The plan of care included a home inferential stimulator unit, physical therapy, medications and authorization was requested for Cyclobenzaprine 10mg #30 and physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 10 MG #30, Take 1/2 Tab By Mouth Every Hour As Needed for Spasm:
Upheld

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

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

Decision rationale: The patient presents with her pain and weakness in her neck, lower back and upper/ lower extremities. The request is for CYCLOBENZAPRINE 10MG #30, 1/2 TAB BY MOUTH EVERY HOUR AS NEEDED FOR SPASM. Per 01/21/15 progress report, the patient is taking Dexilant, Carafate, Colace, Probiotics, Amitiza, Sentra PM and Rantidine. Work status is unknown. MTUS guidelines page 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 exacerbations 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." In this case, the utilization review letter indicates that the patient has utilized this medication. The treater does not document how long this medication is being utilized with what effectiveness. The treater does not indicate that this medication is to be used for a short-term and there is no documentation of any flare-ups. MTUS guidelines allow no more than 2-3 weeks of muscle relaxants to address flare ups. The request IS NOT medically necessary.