

Case Number:	CM15-0084623		
Date Assigned:	05/06/2015	Date of Injury:	01/26/2011
Decision Date:	06/05/2015	UR Denial Date:	04/22/2015
Priority:	Standard	Application Received:	05/04/2015

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: North Carolina
 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 40 year old male, who sustained an industrial injury on 01/26/2011. According to a progress report dated 03/12/2015, he was seen for a medical re-evaluation regarding his cervical and lumbar degenerative disc disease, multi body part chronic pain syndrome, gastropathy and sleep and mood disorder. He did not receive his Norco the month prior due to an insurance denial. He reported increased pain and muscle spasm in the right neck and right upper back and insomnia due to pain and muscle spasm. The provider noted that the injured worker remained to have a serious complex chronic pain condition that had not resolved and failed a trial of interdisciplinary function restoration. He had been on medications for a prolonged period of time and had suffered gastropathy because of this. Due to the inability to refill Norco, the injured worker experienced increased pain, insomnia and withdrawal due to abrupt discontinuation of medication. Spasm was noted over the upper trapezius muscles on the right side. Diagnoses included degeneration of lumbosacral intervertebral disc, degeneration of cervical intervertebral disc and spasm. Treatment plan included Norco, Nortriptyline and a trial of Cyclobenzaprine. According to a progress report dated 04/14/2015, the injured worker presented with diffuse neck pain going toward the right side of the head with radiation of pain to both upper extremities. Pain was rated 6 on a scale of 1-10. The injured worker stated pain levels remained the same. Associated symptoms included upper extremity weakness, numbness and tingling, stiffness and spasms of neck and interference with sleep. The provider noted that the injured worker continued to use Cyclobenzaprine for muscle spasm with at least 50 percent reduction in the frequency of spasm. Norco provided a 50 percent reduction in pain level. The

injured worker reported that without Norco pain level would reach a 10. According to the records submitted for review Cyclobenzaprine was prescribed on 11/21/2014, 03/12/2015 and 04/14/2015. Currently under review is the request for Cyclobenzaprine 10mg #30 with one refill.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 10mg #30 with one refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines muscle relaxants Page(s): 63-65.

Decision rationale: The California chronic pain medical treatment guidelines section on muscle relaxants states: Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. (Chou, 2007) (Mens, 2005) (Van Tulder, 1998) (van Tulder, 2003) (van Tulder, 2006) (Schnitzer, 2004) (See, 2008) Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement. Also there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. (Homik, 2004) (Chou, 2004) This medication is not intended for long-term use per the California MTUS. The medication has not been prescribed for the flare-up of chronic low back pain. This is not an approved use for the medication. For these reasons, criteria for the use of this medication have not been met. Therefore the request is not medically necessary.