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| Case Number: | CM14-0212361 | | |
| Date Assigned: | 01/02/2015 | Date of Injury: | 12/08/1999 |
| Decision Date: | 03/04/2015 | UR Denial Date: | 12/03/2014 |
| Priority: | Standard | Application Received: | 12/18/2014 |

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 patient is a 52 year old female with an injury date of 12/08/99. Based on the 06/20/14 progress report, the patient complains of diffuse neck pain, low back pain, bilateral lower extremity pain, and hip pain. She describes the pain as an aching and a lancinating sensation. She has a history of chronic pain syndrome, depression, dyspepsia, hypertension, insomnia, myofascial pain, obesity, opiate tolerance, and osteoarthritis. There are no positive exam findings provided on this report. The 09/12/14 report states that the patient has difficulty sleeping despite current treatment. She has a compromised mood due to her painful condition. No exam findings were provided on this report. She is currently taking Cymbalta, Protonix, Topamax, Oxycodone HCl, Hydrochlorothiazide, Metoprolol, and Ritalin. The patient's diagnoses include the following: 1. Lumbar or lumbosacral disc degeneration 2. Cervical disc degeneration 3. Thoracic or lumbosacral neuritis or radiculitis not otherwise specified 4. Cervicalgia 5. Obesity not otherwise specified 6. Depressive disorder not elsewhere classified 7. Chronic pain syndrome 8. Osteoarthritis not otherwise specified unspecified site 9. Myalgia and myositis not otherwise specified 10. Sleep disturbance not otherwise specified 11. Electronic prescribing enabled 12. Encounter for long-term use of other medications 13. Pain in joint of multiple sites 14. Pain in joint of pelvic region and thigh. The utilization review determination being challenged is dated 12/03/14. There are two treatment reports provided from 06/20/14 and 09/12/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 5mg #90: Upheld

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

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

Decision rationale: The patient presents with diffuse neck pain, low back pain, bilateral lower extremity pain, and hip pain. The request is for CYCLOBENZAPRINE 5 MG #90. The report with the request is not provided, nor is there any discussion provided regarding the request. 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 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."Neither the 06/20/14 nor the 09/12/14 report list Cyclobenzaprine as a medication. MTUS Guidelines do not recommend use of Cyclobenzaprine for longer than 2 to 3 weeks. It is unknown when the patient began taking this medication, and she may have already exceeded the 2 to 3 week limit recommended by MTUS Guidelines. The treater does not state that this medication is to be used for short-term. There is no discussion regarding flare-up or new injury. Therefore, the requested cyclobenzaprine IS NOT medically necessary.