

<b>Case Number:</b>	CM15-0006283		
<b>Date Assigned:</b>	01/26/2015	<b>Date of Injury:</b>	05/22/2003
<b>Decision Date:</b>	03/12/2015	<b>UR Denial Date:</b>	12/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/12/2015

### 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: Arizona, California  
 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 50 year old male with an industrial injury dated 05/22/2003. The mechanism of injury is documented as a fall off of a ladder onto his right shoulder. The injured worker has also experienced headaches since that time. Physical exam revealed tight upper back muscles with painful neck extension. Spurling test was negative bilaterally. There was moderate tenderness to palpation at the cervical paraspinal muscles with limited range of motion. Left shoulder was painful with limited range of motion. Prior treatments included MRI of cervical spine showing multilevel cervical degenerative disc disease, cervical 5-6 joint hypertrophy/disc bulge, causing mild to moderate central canal stenosis; right foraminal moderate to severe narrowing, left moderate narrowing and cervical 6-7 small disc bulge. Other treatments include Botox injections for headaches, medications and psychiatric treatment 3-4 times a month. His last urine test was consistent with the prescribed medications. Diagnoses were chronic pain syndrome, prolapsed cervical intervertebral disc, and degeneration of cervical intervertebral disc, spinal stenosis in the cervical region, migraine, depressive disorder, chronic anxiety, Insomnia, cubital tunnel syndrome and brachial plexus disorder. The claimant had been on Flexeril for muscle relaxation and Relpax for migraines along with Norco since at least 2012. On 12/24/2014 Utilization Review non-certified the request for Cyclobenzaprine 5 mg # 60 with 2 refills noting there does not appear to be any evidence of acute exacerbation in the patient's symptoms, and therefore medical necessity for this medication is lacking. MTUS Guidelines were cited. The request for Relpax 40 mg # 18 with 3 refills was also non-certified noting due to lack of previous benefit from this medication the request for Relpax 40 mg # 18 is non-certified.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Cyclobenzaprine 5 MG #60 with 2 Refills:** 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.

**Decision rationale:** According to the MTUS guidelines , Cyclobenzaprine (Flexeril) is more effective than placebo for back pain. It is recommended for short course therapy and has the greatest benefit in the first 4 days suggesting that shorter courses may be better. Those with fibromyalgia were 3 times more likely to report overall improvement, particularly sleep. Treatment should be brief. There is also a post-op use. The addition of Cyclobenzaprine to other agents is not recommended. The claimant had been on Flexeril for a prolonged period in conjunction with hydrocodone. Continued and prolonged use of Flexeril is not medically necessary.

**Relpax 40 MG #18 with 3 Refills:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Head and Triptans

**Decision rationale:** Triptans are recommended for migraine sufferers. Relpax is a triptan. The claimant had been on Relpax for over 2 years. IN 2012, the Relpax was noted to reduced headaches by 40%. Recently, the claimant continued to have headaches and required Botox to relieve the symptoms. Migraine relief from Relpax cannot be determined and is likely reduced since the claimant is now requiring Botox for laasting relief. According to the guidelines, A poor response to one triptan does not predict a poor response to other agents in that class. The continued use of Relpax is not medically necessary.