MAXIMUS Federal Services

Case Number:	CM15-0014650		
Date Assigned:	02/03/2015	Date of Injury:	10/13/2008
Decision Date:	03/23/2015	UR Denial Date:	12/26/2014
Priority:	Standard	Application Received:	01/26/2015

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, Indiana, New York
Certification(s)/Specialty: Internal Medicine

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 68 year old female, who sustained an industrial injury on 1/13/08. She has reported knee fracture with internal derangement. The diagnoses have included knee fracture, cervical disc disease, bilateral carpal tunnel syndrome, left middle finger trigger release surgery, bilateral lateral epicondylitis, chronic low back pain with disc protrusion at L4-5, bilateral sacroiliac sprain, cervicogenic headaches, depression and insomnia. Treatment to date has included physical therapy, lumbar facet block, lumbar epidural injections, right knee synovectomy and medications. (MRI) magnetic resonance imaging of cervical spine obtained on 4/3/14 revealed central disc herniation at C2/C3.Currently, the injured worker complains of neck and low back pain along with bilateral leg and feet pain. The progress noted dated 10/29/14, the injured worker stated the Cyclobenzaprine relaxed her muscles and helped her sleep at night. Physical exam noted limited range of motion of cervical and lumbar spine. There is tenderness to palpation over the bilateral paracervical and upper trapezii, significant myospasm of the left upper trapezius and trigger points which refer pain to her head. Tenderness is also noted to palpation in the midline at L4-S1 with more pronounced tenderness to palpation over both sacroiliac joints.On 12/18/14 Utilization Review non-certified Cyclobenzaprine 10mg #30, noting I low back pain cases, no benefit is shown for muscle relaxants beyond NSAIDS. The MTUS, ACOEM Guidelines, was cited. On 1/15/15, the injured worker submitted an application for IMR for review of Cyclobenzaprine 10mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 10mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 67.

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

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Cyclobenzaprine 10 mg #30 is not medically necessary. Muscle relaxants are recommended as a second line option short-term (less than two weeks) of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain. Efficacy appears to diminish over time and prolonged use may lead to dependence. In this case, the injured worker's working diagnoses are status post fall injury October 13, 2008 with right knee fracture and internal derangement; cervical this disease with radiculopathy and cord compression at C5 - C6; left C7 radiculopathy per EMG; cervical disc protrusion at C2 - C3 with indentation of the cord; status post anterior cervical decompression and fusion; bilateral carpal tunnel syndrome, status post carpal tunnel release; status post left middle finger trigger release surgery; bilateral lateral epicondylitis in question left cubital tunnel syndrome; chronic low back pain with disc protrusion L4- L5 and lower extremity radicular symptoms; bilateral sacroiliac sprain; cervicogenic headaches; hypertension; depression/insomnia; right knee synovectomy and partial medial and lateral meniscal debridement; and diagnosis right medial retinacular nerve entrapment. Documentation shows the injured worker was taking 2 muscle relaxants concurrently. A progress note dated July 13, 2014 shows the injured worker was taking Zanaflex during the day and Flexeril at bedtime. There is no clinical rationale or clinical indication for two months relaxants to be taken concurrently. Additionally, muscle relaxants are indicated for short-term (less than two weeks) treatment of acute low back pain and short-term treatment of acute exacerbations patients with chronic low back pain. The treating physician clearly exceeded the recommended guidelines for short-term (less than two weeks) treat. Consequently, absent clinical documentation with evidence of objective functional improvement to support ongoing use Cyclobenzaprine 10 mg, Cyclobenzaprine 10 mg #30 is not medically necessary.