

Case Number:	CM15-0120420		
Date Assigned:	07/23/2015	Date of Injury:	03/29/2011
Decision Date:	09/29/2015	UR Denial Date:	05/27/2015
Priority:	Standard	Application Received:	06/22/2015

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, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, Pain Management

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 male, who sustained an industrial injury on 3/29/11. The injured worker was diagnosed as having cervical spondylosis, chronic pain syndrome, extremity pain, knee pain, low back pain, lumbar post laminectomy syndrome, lumbar radiculitis and lumbosacral spondylosis without myelopathy. Treatment to date has included oral medications including Oxycodone, Vesicare, Ibuprofen, Pantoprazole, Docusate sodium 100mg, Soma and Senna; topical Voltaren gel, lumbar laminectomy, epidural injections, physical therapy, back brace, cane for ambulation and activity restrictions. (MRI) magnetic resonance imaging of cervical spine performed on 5/22/15 revealed disc desiccation changes at C3-7, 4.2mm disc protrusion at C3-4, 4.8mm disc protrusion at C4-5, 3mm disc protrusion at C5-6 and C6-7 a 5.6mm disc protrusion. Currently on 5/18/15, the injured worker complains of continued, debilitating and worsening pain in lumbar sacral area, which is responding poorly to medications; he notes radicular pain in both upper and lower extremities as well as significant axial lower back pain. He also notes difficulty with frequent urination. He is requesting an increase in his Oxycontin dose; he notes 6-8 hour pain relief from Oxycontin. The provider notes the urine drug screening is consistent with medications. He rates his current pain as 7-9/10, and has increased since previous visit. Physical exam performed on 5/18/15 noted tenderness of cervical facet joints and painful range of motion; exam of lumbar spine revealed moderate tenderness at lower lumbar spine with normal range of motion and right ankle decreased range of motion along with left lower extremity swelling of ankle. The treatment plan included prescriptions for Cyclobenzaprine 10mg, Lyrica 100mg, Oxycontin 15mg, Oxycontin40mg, Pamelor 50mg, Prozac 20mg, Vesicare 10mg; and a referral to neurologist. A urine drug screen was collected.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 10mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-64.

Decision rationale: With regard to muscle relaxants, the MTUS CPMTG 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." Regarding Cyclobenzaprine: "Recommended for a short course of therapy. Limited, mixed-evidence does not allow for a recommendation for chronic use. Cyclobenzaprine is a skeletal muscle relaxant and a central nervous system depressant with similar effects to tricyclic antidepressants (e.g. amitriptyline). Cyclobenzaprine is more effective than placebo in the management of back pain, although the effect is modest and comes at the price of adverse effects." Per p41 of the MTUS guidelines, the effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. Treatment is recommended for the treatment of acute spasm limited to a maximum of 2-3 weeks. UDS that evaluate for Cyclobenzaprine can provide additional data on whether the injured worker is compliant, however in this case there is no UDS testing for Cyclobenzaprine. The documentation submitted for review indicates that the injured worker has been using this medication since at least 9/2014. There is no documentation of the patients' specific functional level or percent improvement with treatment with Cyclobenzaprine. As it is recommended only for short-term use, medical necessity cannot be affirmed.