

Case Number:	CM15-0120873		
Date Assigned:	07/01/2015	Date of Injury:	11/20/2003
Decision Date:	08/05/2015	UR Denial Date:	05/28/2015
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: Pennsylvania

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 63 year old female who sustained an industrial injury on November 20, 2003. The injured worker was diagnosed as having myalgia and myositis, spondylolisthesis, cervical spondylosis with myelopathy, cervical radiculopathy, and intractable migraine variant. Treatment to date has included medication. Currently, the injured worker complains of neck pain. The Treating Physician's report dated May 19, 2015, noted the injured worker was able to perform her activities of daily living (ADLs) successfully on the current treatment. The injured worker rated her pain with medications as 5/10 and without medications 7/10. The injured worker's current medications were listed as Cyclobenzaprine, Lidoderm patch, Oxycodone-Acetaminophen which was changed to Hydrocodone, and Rizatriptan. Physical examination was noted to show the cervical spine with decreased range of motion (ROM), and lumbar spine decreased range of motion (ROM) for flexion and extension and paraspinous muscle tenderness without spasm. The left mid trapezius trigger point was noted with radiation away from the trigger point medial and laterally with a band noted in the muscle. The injured worker was noted to have a signed opioid agreement, an opioid risk tool, and appropriate urine toxicology screens. The treatment plan was noted to include continuing Hydrocodone, with prescriptions for Cyclobenzaprine, Hydrocodone-Acetaminophen, Lidoderm, and Rizatriptan.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 10 MG #60 with 2 Refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for Pain) Page(s): 64-66.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine, Muscle relaxants Page(s): 41-42, 63-66.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines notes all chronic pain therapies are focused on the goal of functional restoration rather than merely the elimination of pain, and assessment of treatment efficacy is accomplished by reporting functional improvement. The guidelines recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility, however, in most low back pain cases, they show no benefit beyond nonsteroidal anti-inflammatory agents (NSAIDs) in pain and overall improvement. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. Cyclobenzaprine (Flexeril) is recommended for a short course of therapy with brief treatment. Limited, mixed-evidence does not allow for a recommendation for chronic use, recommended to be used no longer than two to three weeks. The injured worker was noted to have been on Cyclobenzaprine since October 2014 without documentation of a trial of weaning, or discontinuation since that time. The injured worker has chronic pain and was not noted to have suffered an exacerbation or acute symptoms. The documentation provided failed to include documentation of objective, measurable improvements in the injured worker's pain, muscle tension, or mobility with the use of the Flexeril. Due to length of use in excess of the guideline recommendations and lack of functional improvement, and based on the MTUS guidelines, the documentation provided did not support the medical necessity of the request for Cyclobenzaprine 10 MG #60 with 2 Refills. The request is not medically necessary.