

Case Number:	CM15-0124583		
Date Assigned:	07/09/2015	Date of Injury:	08/10/2012
Decision Date:	09/10/2015	UR Denial Date:	06/22/2015
Priority:	Standard	Application Received:	06/29/2015

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, Michigan

Certification(s)/Specialty: Preventive Medicine, Occupational 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 64 year old male who sustained an industrial injury on 08/10/2012 resulting in pain to the left shoulder and low back after falling backwards. Treatment provided to date has included: physical (39) and aquatic (3) therapies resulting in increased pain; injections to the left shoulder and low back resulting in temporary relief; left shoulder surgery (2013 and 2014); medications (Tramadol, ibuprofen, Hydrocodone, Omeprazole &); and conservative therapies/care. Diagnostic tests reported include: MRI of the lumbar spine (2015) showing no disc herniations; MRI of the left shoulder (2013 and 2014); and x-rays of the right and left shoulders (2014) showing no abnormalities; x-rays of the thoracic spine (2014) showing mild spurring; x-rays of the lumbosacral spine (2014) showing mild to moderate narrowing disc space at L4-5 and a moderate anterior spur at L3; x-rays of the pelvis (2014) showing no abnormalities; and electrodiagnostic testing of the lower extremities (2015) showing left L4 radiculopathy. Comorbidities included hypertension. There were no other dates of injury noted. On 06/04/2015, physician progress report noted complaints of left shoulder pain rated 7/10, thoracic pain rated 6/10, increasing low back pain rated 6/10, and cervical spine pain rated 6/10. Current medications include Hydrocodone and Cyclobenzaprine. The clinical documentation shows that the injured worker has been taking Cyclobenzaprine for several months with continued spasms. The physical exam revealed tenderness to the lumbar spine, limited and painful range of motion (ROM) in the lumbar spine, positive straight leg raise on the left, tenderness to palpation of the lumbar spine, and limited and painful ROM in the thoracic spine. The provider noted diagnoses of status post left shoulder surgery 2014, and L4-5 disc protrusion with left lumbar

radiculopathy. Plan of care includes continued medications, urine drug screen, and follow-up. The injured worker's work status was not mentioned. The request for authorization and IMR (independent medical review) includes: Cyclobenzaprine 10mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

(1) Prescription of Cyclobenzaprine 10mg #60: 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: Cyclobenzaprine (brand names: Amrix, Flexeril and Fexmid; generic form: tabradol) is a centrally acting skeletal muscle relaxant. The MTUS recommends non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP (low back pain) as they can reduce pain from muscle tension and possibly increase mobility. However, in most cases involving LBP, they provide no more benefit beyond 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 (Amrix, Flexeril, Fexmid and other generic forms) is recommended for a short course of treatment (with greatest effect within the first 4 days) and not recommended for long term use. The clinical notes show that the injured worker has been prescribed Cyclobenzaprine (Fexmid) for several months with insufficient evidence of reduction in spasms or pain, or improvement in function. Furthermore, the MTUS does not recommend or support the long-term use of muscle relaxants. Therefore, Fexmid 10mg #60 is not medically necessary.