

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM15-0129967 | | |
| Date Assigned: | 07/16/2015 | Date of Injury: | 11/20/2012 |
| Decision Date: | 08/19/2015 | UR Denial Date: | 06/12/2015 |
| Priority: | Standard | Application Received: | 07/07/2015 |

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, Massachusetts

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 (IW) is a 49-year-old female who sustained an industrial injury on 11/20/2012. Diagnoses include cervical disc displacement; degeneration of cervical disc; and neck pain. Treatment to date has included medication, physical therapy, home exercise and epidural steroid injection. According to the progress notes dated 6/4/15, the IW reported pain in the neck radiating to the bilateral upper extremities, worse on the right, with tingling/numbness in all fingers. Moving the neck and lifting aggravated the pain; resting was somewhat helpful. Norco helped the pain and Cyclobenzaprine reduced her muscle stiffness and increased range of motion. Listed medications included Norco, Naproxen, Cyclobenzaprine and Cymbalta. On examination, there were postural abnormalities, cervical spine flexion and muscle spasms and guarding. Range of motion of the neck was limited and painful in all planes. The trapezius and lower paraspinal muscles were tender to palpation and sensation was reduced throughout the right upper extremity. A request was made for Cyclobenzaprine 7.5 mg, #90, no refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 7.5mg #90 with no refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain) Page(s): 63-64.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antispasmodics Page(s): 64-66.

Decision rationale: According to MTUS guidelines, anti-spasmodic agents such as the prescribed medication are "Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbation 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." While this specific guideline refers to lumbar pain, the guidelines suggest that muscle relaxants are recommended as second line option for short-term treatment of acute exacerbation of muscle spasm in patients with chronic musculoskeletal pain. According to the cited guidelines, muscle relaxants provide no additional benefit in managing chronic pain and spasm beyond NSAIDs, which the patient is already taking regularly. Additionally efficacy appears to diminish over time and prolonged use increases risk of dependence and tolerance. Consequently, the provided medical records and cited guidelines do not support continued long-term chronic use of muscle relaxants as being clinically necessary at this time.