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| Case Number: | CM15-0160838 | | |
| Date Assigned: | 10/16/2015 | Date of Injury: | 11/11/2014 |
| Decision Date: | 12/07/2015 | UR Denial Date: | 08/10/2015 |
| Priority: | Standard | Application Received: | 08/17/2015 |

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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 52 year old female sustained an industrial injury on 11-11-14. Documentation indicated that the injured worker was receiving treatment for cervicalgia with disc disease and radiculopathy, right shoulder sprain and strain with impingement, right wrist sprain and strain, right carpal tunnel syndrome and thoracic spine sprain and strain. Electromyography and nerve conduction velocity test (4-6-15) of bilateral upper extremities showed right cervical radiculopathy. Previous treatment included physical therapy, acupuncture, chiropractic therapy, transcutaneous electrical nerve stimulator unit, bracing, home exercise and medications. In a PR-2 dated 5-1-15, the injured worker complained of pain to the cervical spine, bilateral shoulders, right wrist, thoracic spine, left hip and left knee, rated 3 to 7 out of 10 on the visual analog scale. The injured worker reported that the pain woke her up at night. Physical exam was remarkable for tenderness to palpation to the cervical spine paraspinal area, trapezius, scapula and paraspinal thoracic area, bilateral shoulders with tenderness to palpation, right shoulder with positive impingement sign and equivocal acromial joint stress test, right wrist with diffuse tenderness to palpation and positive Phalen's test, left hip tenderness to palpation and left hip with tenderness to palpation at the joint line with 3 out of 5 strength and positive McMurray's test. The treatment plan included continuing home exercise and transcutaneous electrical nerve stimulator unit and continuing medications (Naproxen Sodium, Cyclobenzaprine, Omeprazole and Lidopro). In a PR-2 dated 6-30-15, the injured worker continuing ongoing pain to the right shoulder, right wrist, neck and low back rated 7 out of 10. The injured worker reported that medications helped decrease pain by about 30-40%. The injured worker was continued on

Naproxen Sodium, Cyclobenzaprine and Omeprazole. The injured worker had been prescribed Cyclobenzaprine, Naproxen Sodium and Omeprazole since 3-20-15. On 7-31-15, a request for authorization was submitted for Naproxen Sodium, Cyclobenzaprine and Omeprazole. On 8-10-15, Utilization Review noncertified a request for Cyclobenzaprine 7.5mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 7.5mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Cyclobenzaprine (Flexeril), Muscle relaxants (for pain).

Decision rationale: The patient was injured on 11/11/14 and presents with pain in her neck, right shoulder, left knee, right wrist, and lower back. The request is for CYCLOBENZAPRINE 7.5 MG #60. The RFA is dated 07/31/15 and the patient is not currently working. The patient has been taking this medication as early as 03/20/15. MTUS Guidelines, Muscle Relaxants section, pages 63-66 states: "Muscle relaxants (for pain): Recommended 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. The most commonly prescribed antispasmodic agents are carisoprodol, cyclobenzaprine, metaxalone, and methocarbamol, but despite the popularity, skeletal muscle relaxants should not be the primary drug class of choice for musculoskeletal conditions. Cyclobenzaprine (Flexeril, Amrix, Fexmid, generic available): Recommended for a short course of therapy." The patient has tenderness to palpation to the cervical spine paraspinal area, trapezius, scapula and paraspinal thoracic area, bilateral shoulders with tenderness to palpation, right shoulder with positive impingement sign and equivocal acromial joint stress test, right wrist with diffuse tenderness to palpation and positive Phalen's test, left hip tenderness to palpation and left hip with tenderness to palpation at the joint line with 3 out of 5 strength and positive McMurray's test. She is diagnosed with cervicgia with disc disease and radiculopathy, right shoulder sprain and strain with impingement, right wrist sprain and strain, right carpal tunnel syndrome and thoracic spine sprain and strain. MTUS Guidelines do not recommend the use of Cyclobenzaprine for longer than 2 to 3 weeks. In this case, the patient has been taking Cyclobenzaprine as early as 03/20/15, which exceeds the 2 to 3 weeks recommended by MTUS Guidelines. Therefore, the requested Cyclobenzaprine IS NOT medically necessary.