

Case Number:	CM15-0171027		
Date Assigned:	09/11/2015	Date of Injury:	03/18/2009
Decision Date:	10/15/2015	UR Denial Date:	08/06/2015
Priority:	Standard	Application Received:	08/31/2015

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, Hawaii
 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:

The injured worker was a 65-year-old male, who sustained an industrial injury, March 18, 2009. The injury was sustained from cumulative trauma from January 26, 2004 through March 18, 2009. According to progress note of July 14, 2015, the injured worker's chief complaint was cervical spine, right shoulder and lumbar spine pain. The pain was rated at 4 out of 10. The pain remained unchanged since the last visit. The injured worker had heart surgery on May 26, 2015. The physical exam noted decreased normal lordosis of the cervical spine. There was moderate tenderness with palpation and spasms over the cervical paraspinal muscles extending to the bilateral trapezius muscles. The axil head compression testing was positive bilaterally. The Spurling's sign was positive bilaterally. There was facet tenderness with palpation at the C4 through C7 levels. There was decreased range of motion in all planes of the cervical spine. There was moderate pain in the bilateral shoulders, right greater than the left. There was decreased range of motion in the bilateral shoulders. There was decreased sensation along the right C5-C6 dermatomes in the right median nerve. The recommendations at this visit needed to be cleared by the cardiologist. On July 22, 2015, the cardiologist cleared the use of Cyclobenzaprine. The injured worker was diagnosed with status post anterior cervical discectomy and fusion, status post multiple right shoulder surgeries, left shoulder internal derangement and lumbar spine strain and or sprain and a history of narcotic abuse. The injured worker previously received the following treatments chiropractic services, random toxicology laboratory studies were negative for any unexpected findings on July 22, 2015. The RFA (request for authorization) dated July 22, 2015, the following treatments were requested a prescription for Cyclobenzaprine. The UR

(utilization review board) denied certification on August 6, 2015, for the prescription for Cyclobenzaprine, due to there was no evidence of acute exacerbations of muscle spasms in the report dated July 22, 2015. There was no specific justification or medical necessity for the medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 10mg #20: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

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

Decision rationale: The records indicate the patient has bilateral shoulder, wrist and hand pain. The current request for consideration is Cyclobenzaprine 10mg #20. The attending physician report dated 7/22/15 offers no discussion as to why Cyclobenzaprine is indicated. The CA MTUS does recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. 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. Cyclobenzaprine (Flexeril, Amrix, Fexmid, generic available): 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 recommended for short term use, not longer than three weeks. In this case, the attending physician notes controlled diarrhea, but no change in acid reflux, diabetes mellitus, or hypertension. There is no physical examination findings related to the shoulder and no indication the patient is having muscle spasms. As such, medical necessity for the request of Cyclobenzaprine has not been documented. This request is not medically necessary.