

Case Number:	CM15-0171515		
Date Assigned:	09/11/2015	Date of Injury:	01/17/2013
Decision Date:	11/10/2015	UR Denial Date:	08/14/2015
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, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, Pain Management

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 40 year old female who sustained an industrial injury on 01-17-2013. Medical records indicated the worker was treated for neck and left upper extremity pain. In the provider notes of 07-21-2015, the injured worker complains of cervical pain that she rates as an 8 on a scale of 0-10 with increased upper extremity symptoms. She is concerned that a gradual crescendo in the upper extremity neurologic component with resulting decline in activity and function. Medications at the current dosing facilitate maintenance of activities of daily living such as light housekeeping, shopping, and cooking. She feels she may not be able to adhere to her exercise regime without medication on board. With medication there is report of increased range of motion and greater tolerance to exercise. Objectively, there is tenderness in the cervical spine with cervical range of motion of Flexion 35 degrees, extension 20 degrees, left rotation 20 degrees, right rotation 25 degrees, left and right lateral tilt of 30 degrees, and she has diminished sensation in the left C6 and C7 dermatomal distribution. Her medications include Tramadol, Naproxen, Pantoprazole, and Cyclobenzaprine. A request for authorization was submitted for 1. Tramadol ER 150mg 2 PO QD #60 2. Naproxen Sodium 550mg 1 PO TID #90 3. Pantoprazole 20mg 1 PO TID #90 4. Cyclobenzaprine 7.5mg 1 PO TID #90 5. Urine Toxicology Screen (retrospective DOS 7/21/15) A utilization review decision 08-14-2015 authorized the following: Tramadol ER 150 mg #60 certified to allow the worker a one month supply for weaning purposes; Naproxen; Pantoprazole; Urine Toxicology Screen (retrospective DOS 7/21/15) And non-certified the Cyclobenzaprine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 7.5mg 1 PO TID #90: 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: With regard to muscle relaxants, the MTUS CPMTG states: "Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations 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," regarding Cyclobenzaprine: "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 more effective than placebo in the management of back pain, although the effect is modest and comes at the price of adverse effects." Per p41 of the MTUS guidelines the effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. Treatment is recommended for the treatment of acute spasm limited to a maximum of 2-3 weeks. UDS that evaluate for cyclobenzaprine can provide additional data on whether the injured worker is compliant, however in this case there is no UDS testing for cyclobenzaprine. The documentation submitted for review indicates that the injured worker has been using this medication since at least 7/2015. There is no documentation of the patient's specific functional level or percent improvement with treatment with cyclobenzaprine. As it is recommended only for short-term use, the request is not medically necessary and cannot be affirmed.