

Case Number:	CM15-0173691		
Date Assigned:	09/15/2015	Date of Injury:	02/16/2010
Decision Date:	10/26/2015	UR Denial Date:	09/02/2015
Priority:	Standard	Application Received:	09/03/2015

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, North Carolina
 Certification(s)/Specialty: Family Practice

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 53 year old female who sustained an industrial injury on 02-16-2010. According to a pain medicine re-evaluation dated 08-17-2015, the injured worker reported neck pain that was constant and radiated down the bilateral upper extremities. Pain was accompanied by tingling and numbness in the bilateral upper extremities to the level of the fingers. She reported severe difficulty in sleep. Pain was rated 3-4 on a scale of 1-10 on average with medications since the last visit. Pain was rated 7-9 on average without medications since the last visit. She reported that pain had worsened since her last visit. She reported ongoing activity of daily living limitations in the following areas due to pain: self-care & hygiene, activity, hand function, sleep and sex. The provider noted "will take over meds from primary treating physician today per primary treating physician request". The injured worker was observed to be in "moderate to severe" distress. Inspection of the cervical spine revealed a well-healed surgical scar. Spinal vertebral tenderness was noted in the cervical spine C5-7. Range of motion of the cervical spine was moderately limited due to pain. Pain was significantly increased with flexion and extension. Sensory examination showed decreased touch sensation in the right upper extremity. Electrodiagnostic testing of the lower extremities on 08-14-10 showed evidence of chronic L5 radiculopathy on the right. MRI of the cervical spine dated 07-15-2014 revealed status post-anterior body fusion from C3-C5 with maintained alignment and multilevel disc disease. The most significant level was C5-6 with a large right paracentral disc osteophyte complex up to 5-6 millimeters. Mild central spinal stenosis was noted at this level along with severe stenosis of right lateral recess and right neural foramen. Trigger point injections were

given. Diagnoses included chronic pain other, cervical disc degeneration, disc displacement of the cervical spine, cervical failed back surgery syndrome, cervical radiculitis and status post cervical spinal fusion. The injured worker was currently not working. The injured worker was still considering surgery but wished to proceed with epidural and massage therapy. Medications prescribed included Cyclobenzaprine, Gabapentin, Lidocaine 5% ointment and Norco. Current medications by all providers included Cyclobenzaprine, Gabapentin 600 mg, Norco, Aclofenac (other MD), Gabapentin 300 mg (other MD) and Soma (other MD). An authorization request dated 08-28-2015 was submitted for review. The requested services included Cyclobenzaprine 7.5 mg twice a day #60, Gabapentin 600 mg twice a day #60 and Norco 10-325 mg one every 8 hours #90 and appeal right C5-7 cervical epidural. Records submitted for review show that the injured worker was previously prescribed a muscle relaxant, Soma, on 06-22-2015. On 09-02-2015, Utilization Review non-certified the request for Cyclobenzaprine 7.5 mg #60 and authorized the request for Gabapentin and Norco.

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: 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: MTUS Guidelines state that Cyclobenzaprine (Flexeril) is recommended for short-course therapy. Limited, mixed evidence does not allow for chronic use. Muscle relaxants have their greatest effects in the first 3-4 days of use. Muscle relaxants should not be used for greater than 2-3 weeks. They are also an option for acute exacerbation of low back pain. In this case, there is no evidence of an acute exacerbation and Cyclobenzaprine is being utilized in a long-term fashion, which is not recommended. In addition, the records reveal the patient is receiving SOMA from another provider. There is no rationale for utilizing 2 muscle relaxants, which can result in significant adverse reactions. Therefore the request is not medically necessary or appropriate.