MAXIMUS Federal Services

Case Number:	CM15-0176181		
Date Assigned:	09/17/2015	Date of Injury:	06/25/2008
Decision Date:	10/20/2015	UR Denial Date:	09/03/2015
Priority:	Standard	Application Received:	09/08/2015

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: 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 48 year old female who sustained an industrial injury on June 25, 2008. A recent primary treating follow up visit dated August 21, 2015 reported subjective complaint of continued with neck pain and low back pain. The neck pain is noted as "constant, right sided and associated with constant numbness and tingling that extends down the right upper limb into the fingers." She notes having "right hand weakness with certain activities, such as: writing and occasionally drops things from her right hand." Treatment to date to include: activity modification, medications, physical therapy. She takes Cyclobenzaprine on occasion at bedtime to help with neck and low backs spasms. The following treating diagnoses were applied: chronic neck pain, cervical radiculitis, right side; chronic low back pain; major depressive episode, recurrent episode, moderate with anxious distress, and irritable bowel syndrome. The plan of care noted involving: continuing with medications Duloxetine, Cyclobenzaprine, and Zolpidem. There is note of the worker receiving additional Tramadol from another provider. At primary follow up dated January 27, 2015 reported unchanged subjective complaint, treating diagnoses. The plan of care noted continuing with medications to include: Duloxetine, Cyclobenzaprine, Zolpidem and Tramadol. In addition, she is to undergo more recent magnetic resonance imaging study of cervical spine due to increased radicular symptom and in "effort to reconcile the differences between the report of 2010 MRI and nerve conduction study and her examination findings." She remains as maximum medical improvement and is nearing permanent and stationary status.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 5mg #30: 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 California chronic pain medical treatment guidelines section on muscle relaxants 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. Also there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. (Homik, 2004) (Chou, 2004) This medication is not intended for long-term use per the California MTUS. The medication has not been prescribed for the flare-up of chronic low back pain, but rather for ongoing and chronic neck and lumbar pain. This is not an approved use for the medication. For these reasons, criteria for the use of this medication have not been met. Therefore, the request is not medically necessary.