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| Case Number: | CM15-0095059 | | |
| Date Assigned: | 05/21/2015 | Date of Injury: | 08/30/2013 |
| Decision Date: | 06/24/2015 | UR Denial Date: | 04/23/2015 |
| Priority: | Standard | Application Received: | 05/18/2015 |

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: Arizona, California
 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 52 year old male, who sustained an industrial injury on 8/20/13. He reported twisting his neck while working in a confined space. The injured worker was diagnosed as having (HNP) herniated nucleus pulposus of cervical spine left C3-4, C4-5 and C5-6; cervical radiculopathy and cervical spine degenerative disc disease. Treatment to date has included interlaminar epidural steroid injection C3-4 and C4-5, 15 sessions of physical therapy for neck and oral medications including Norco, muscle relaxant and NSAID. (EMG) Electromyogram/ (NCS) Nerve Condition Velocity studies performed on 1/16/14 revealed no Neurodiagnostic abnormalities. Currently, the injured worker complains of pain left side of neck with difficulty sleeping; pain has increased since previous visit. The injured worker noted epidural steroid injection did not help to decrease his pain and physical therapy made the pain more manageable. Physical exam noted restricted range of motion of cervical spine, tenderness to palpation of the midline of the scalp and decreased sensation of upper extremity in left C6 dermatomes. The treatment plan included continuation of Tramadol, Cyclobenzaprine, Lansoprazole and Hydrocodone along with a follow up appointment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 7.5 mg Qty 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 Treatment Guidelines Cyclobenzaprine Page(s): 63.

Decision rationale: According to the MTUS guidelines , Cyclobenzaprine (Flexeril) is more effective than placebo for back pain. It is recommended for short course therapy and has the greatest benefit in the first 4 days suggesting that shorter courses may be better. Those with fibromyalgia were 3 times more likely to report overall improvement, particularly sleep. Treatment should be brief. There is also a post-op use. The addition of Cyclobenzaprine to other agents is not recommended. The claimant had been on Flexeril in combination with opioids for over a year. Continued and chronic use is not recommended and not medically necessary.