

Case Number:	CM13-0030519		
Date Assigned:	12/18/2013	Date of Injury:	08/02/2006
Decision Date:	02/18/2014	UR Denial Date:	09/03/2013
Priority:	Standard	Application Received:	09/30/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Pain Management has a subspecialty in Disability Evaluations and is licensed to practice in California, Maryland, District of Columbia and Florida. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 claimant is a 58 year old female with stated date of industrial injury to the lower back of August 2, 2006. Mechanism of injury is not documented. An AME report dated July 6, 2011, was submitted by [REDACTED]. The AME recommended that the patient have the benefit of a second opinion spinal consultation with [REDACTED], and he would hold off on further recommendations for future medical care pending receipt/review of [REDACTED] report. An AME supplemental report was performed by [REDACTED] on October 28, 2011. The AME stated: "The utilization review determinations of the [REDACTED] are reasonable and appropriate. I would add to them that [REDACTED] cease and desist in his rampant treatment (i.e. the doctor has gone wild) of this patient. Specifically, I would recommend that this lady" medication be limited to nonsteroidal anti-inflammatories, non-narcotic analgesics, and an antidepressant (Eiavil), and that she be seen in follow-up on a q six-week basis (not more frequently). We will immediately obtain a consultation with [REDACTED]. It is my impression that this lady's problem primarily relates to the L4-5 level. She is not a candidate for further epidural steroid injections, facet blocks, rhizotomies, or any injection therapy. The question becomes whether or not she is a candidate for lumbar spine surgery. The applicant could require a diagnostic lumbar discogram to further clarify this point." An AME supplemental report was completed by [REDACTED] on February 9, 2012. The AME stated, "Having reviewed the lumbar MRI scan and these records, I would concur with [REDACTED] recommendation that this lady is a candidate for two-level decompression and fusion." The patient underwent lumbar surgery with posterior stabilization fusion and TLIF at L4-5 and L5-S1 on July 12, The patient was evaluated by her treating provider on May 3, 2013, at which time she complained of pain 4/10. The patient has been attending chiropractic care which has been beneficial. Examination demonstrated posterior

lumbar surgical site is intact, intact sensation, 5/5 strength of the right quadriceps, hamstrings, tibialis anterior, and extensor hallucis longus, spasm, tenderness, and pain with internal and external rotation of the right hip. It is stated that the patient is taking medications it would be irresponsible to not monitor her kidney and liver function. It is stated that the patient has ongoing spasm after her surgery and the cyclobenzaprine helped with her spasm. 2012. At issue is the request for Cyclobenzaprine which was denied for lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-spasmodic Page(s): 64.

Decision rationale: - MTUS (Effective July 18, 2009), page 64, section on antispasmodics, which includes Flexeril also known as Cyclobezaprine, is used to decrease muscle spasm in conditions such as lower back pain, although it appears that these medications are often used for the treatment of musculoskeletal conditions whether spasm is present or not. The mechanism of action for most of these agents is not known. (Chou, 2004). They 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. It has a central mechanism of action, but it is not effective in treating spasticity from cerebral palsy or spinal cord disease. Cyclobenzaprine is associated with a number needed to treat of 3 at 2 weeks for symptom improvement. The greatest effect appears to be in the first 4 days of treatment. (Browning, 2001) (Kinkade, 2007) (Toth, 2004) See Cyclobenzaprine. Cyclobenzaprine has been shown to produce a modest benefit in treatment of fibromyalgia. Cyclobenzaprine-treated patients with fibromyalgia were 3 times more likely to report overall improvement and to report moderate reductions in individual symptoms (particularly sleep). A meta-analysis concluded that the number needed to treat for patients with fibromyalgia was 4.8. (ICSI, 2007) (Tofferi, 2004). The recommended dosage is 5-10mg thrice daily, for not longer than 2-3 weeks, with the greatest benefit in the first 4 days of therapy. The claimant continues to be symptomatic with pain accompanied by clinical deficits and limitations on exam. In addition to ongoing muscle spasms, following her back surgery the patient continues to experience lower back pain. Therefore the request for Cyclobenzaprine is medically necessary for treatment of post operative muscle spasms.