

Case Number:	CM13-0050792		
Date Assigned:	03/14/2014	Date of Injury:	01/01/2013
Decision Date:	07/07/2014	UR Denial Date:	10/15/2013
Priority:	Standard	Application Received:	11/13/2013

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in Minnesota. 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/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 injured worker is a 58-year-old male who reported an injury on 01/01/2013. The mechanism of injury was not cited within the documentation provided. Within the clinical note dated 01/07/2014, it was noted that Cyclobenzaprine hydrochloride tablets 7.5 mg were being prescribed for the injured worker for palpable muscle spasms noted during examination. The provider indicated the injured worker had been provided a brief course of Cyclobenzaprine hydrochloride tablets in the past and noted significant improvement in the spasms. It was also noted that the injured worker suffered a chronic injury; however, there was an acute exacerbation of pain and spasms. The provider indicated the injured worker was counseled about taking the medication in short courses for acute spasms. It was also documented in the clinical note that the injured worker was being prescribed naproxen sodium tablets, sumatriptan succinate tablets, Ondansetron ODT tablets, Omeprazole delayed release capsule, and Tramadol. There were no other prior treatments annotated in this clinical note. The request for Cyclobenzaprine for the diagnoses of cervicgia, lumbago, pain in bilateral hips, and pain in bilateral feet was submitted on 01/07/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

CYCLOBENZAPRINE HYDROCHLORIDE 7.5MG, #20: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-64.

Decision rationale: The request for Cyclobenzaprine Hydrochloride 7.5 MG, #20 is not medically necessary. The Chronic Pain Medical Treatment Guidelines state that muscle relaxants are recommended with caution as a second line option for short-term treatment of acute exacerbations in patients with chronic low back pain. Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most low back pain cases, they show no benefit beyond NSAIDs in pain and overall improvement. Cyclobenzaprine is recommended for a short course of therapy. Limited, mixed evidence does not allow for recommendation for chronic use. Cyclobenzaprine is a skeletal muscle relaxant and a central nervous system depressant with similar effects to tricyclic antidepressants. Cyclobenzaprine is associated with the 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. The dosing of Cyclobenzaprine is 5 mg 3 times a day and can be increased to 10 mg 3 times a day. This medication is not recommended to be used for longer than 2 to 3 weeks. In the clinical notes provided for review, the documentation does not provide a complete physical examination of the injured worker. The location of the muscle spasms is not indicated. It is noted that the injured worker used Cyclobenzaprine in the past; however, the efficacy of the medication is not indicated. Additionally, the request does not indicate the frequency at which the medication is prescribed in order to determine the necessity of the medication. Therefore, the request for Cyclobenzaprine Hydrochloride 7.5 mg, #20 is not medically necessary.