

Case Number:	CM13-0064749		
Date Assigned:	01/03/2014	Date of Injury:	03/23/2012
Decision Date:	05/19/2014	UR Denial Date:	12/03/2013
Priority:	Standard	Application Received:	12/12/2013

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 Occupational Medicine, and is licensed to practice in California. 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:

According to the records made available for review, this is a 41-year-old female with a 3/23/12 date of injury. At the time (11/26/13) of request for authorization for 120 Cyclobenzaprine Hydrochloride 7.5mg, there is documentation of subjective (low back pain) and objective (paralumbar muscle spasms, quadriceps atrophy, diminished right and left resisted rotation, positive straight leg raise, and limited lumbar spine range of motion secondary to pain) findings, current diagnoses (low back pain), and treatment to date (lumbar epidural steroid injection, facet joint injection, physical therapy, and medications (including Cyclobenzaprine Hydrochloride Final Determination Letter for IMR Case Number CM13-0064749 3 since at least 3/26/13)). Medical report identifies that Cyclobenzaprine Hydrochloride is being prescribed for the palpable muscle spasms noted during examination. There is no documentation of acute muscle spasm; the intention to treat over a short course (less than two weeks); and functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Cyclobenzaprine Hydrochloride use to date

IMR ISSUES, DECISIONS AND RATIONALES

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

120 CYCLOBENZAPRINE HYDROCHLORIDE 7.5MG: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 41.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
CYCLOBENZAPRINE (FLEXERIL) Page(s): 41-42.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies that Flexeril is recommended for a short course of therapy. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. ODG identifies that muscle relaxants are recommended as a second line option for short-term (less than two weeks) treatment of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain. Within the medical information available for review, there is documentation of diagnoses of low back pain. In addition, there is documentation of muscle spasms and ongoing treatment with Cyclobenzaprine Hydrochloride. However, given documentation of a 3/23/12 date of injury, there is no documentation of acute muscle spasm. In addition, given documentation of records reflecting prescriptions for Cyclobenzaprine Hydrochloride since at least 3/26/13, there is no documentation of the intention to treat over a short course (less than two weeks). Furthermore, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of y Cyclobenzaprine Hydrochloride y use to date. Therefore, based on guidelines and a review of the evidence, the request for 120 Cyclobenzaprine Hydrochloride 7.5mg is not medically necessary.