MAXIMUS Federal Services

Case Number:	CM14-0009171		
Date Assigned:	02/14/2014	Date of Injury:	12/05/2011
Decision Date:	07/11/2014	UR Denial Date:	01/02/2014
Priority:	Standard	Application Received:	01/23/2014

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:

This is a 31-year-old male with a 12/5/11 date of injury. He is a fire alarm technician and was involved in a MVA when he rear-ended another vehicle. On 12/18/13, the patient has had partial improvement to his lower back from physical therapy. However, in early 2013, the patient went to the ER and was given medications. He has intermittent low back pain that is worse in the morning. His back is very stiff and he has infrequent right anterior knee pain. He has pain with ADLs. Objective exam shows restricted ROM of the lumbar spine and tenderness to the paraspinal lumbar musculature. It is documented that Flexeril will be used on an as needed basis, a few times a week for a muscle relaxant. On 2/11/14, an acupuncture note indicates the patient takes Cyclobenzaprine 1 tablet prn, approximately 2-3 times per week. Diagnostic Impression: lumbar disc herniation, Treatment to date: activity modification, medication management, physical therapy, chiropractic care, acupuncture. A UR decision dated 1/2/14 modified the request for Cyclobenzaprine to allow for a 1 month supply only. The patient was noted to have an acute flare-up of his chronic low back pain and positive objective findings of myofascial-related issues.

IMR ISSUES, DECISIONS AND RATIONALES

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

CYCLOBENZAPRINE 7.5 MG #90, ONE MONTH SUPPLY ONLY; 2 UNITS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-66.

Decision rationale: According to page 41 of the CA MTUS Chronic Pain Medical Treatment Guidelines, Cyclobenzaprine is recommended as an option, using a short course of therapy. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. Treatment should be brief. There is also a post-op use. The addition of cyclobenzaprine to other agents is not recommended. However, this patient is noted to have had the injury in December of 2011, but not to seek treatment for over a year. He is noted to have intermittent pain on recent examination, but there is no description of an acute exacerbation of the patient's chronic pain. The provider documents on 12/18/13 that they would like to add cyclobenzaprine to the patient's regimen, to take on an as needed basis, approximately 2 to 3 times a week. However, on an acupuncture note from 2/11/14, the patient is noted to still be taking cyclobenzaprine. If the patient was prescribed cyclobenzaprine in December, he should not still be taking it 2 months later, as guidelines do not support the long-term use of muscle relaxants due to diminishing efficacy over time and the risk of dependence. Guidelines do support the short-term use of muscle relaxants, and in this case, if the patient were taking 2 to 3 tablets per week for 1 month, that would not equal 90 tablets, as this request is for. The request was previously modified by the UR decision to a 1 month supply. The request for 90 tablets is excessive and not supported by guidelines. Therefore, the request for Cyclobenzaprine 7.5 mg #90 One Month Supply only; 2 units was not medically necessary.