

Case Number:	CM14-0010487		
Date Assigned:	02/21/2014	Date of Injury:	05/08/2001
Decision Date:	07/24/2014	UR Denial Date:	01/07/2014
Priority:	Standard	Application Received:	01/27/2014

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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 patient is a 43-year-old female who has submitted a claim for lumbar disc displacement without myelopathy, lumbago, and lumbar disc degeneration, associated with an industrial injury date of May 8, 2001. Medical records from 2012 through 2014 were reviewed, which showed that the patient complained of persistent severe low back pain and intermittent leg pain. Physical examination showed lumbar spine spasm and guarding. Straight leg raise test was negative. Lumbar spine motor strength was 5/5 to hip flexion, hip extension, knee extension, knee flexion, ankle eversion, ankle inversion and extensor hallucis longus. Treatment to date has included an intrathecal pump implantation (2011), and medications, which include Lunesta 3mg tablet, Lidoderm 5% Patches, Gralise 600mg tablet, Gralise starter pack, Hydrocodone bit/APAP 10-325mg, Pantoprazole-Protonix 20 mg, Cyclobenzaprine-Flexeril 10mg, and Morphine Sulfate ER 30mg. Medical records did not provide date of initial intake but the earliest record of intake was December 2012, which was derived from progress note dated 12/14/2012. Utilization review from January 7, 2014 denied the request for Cyclobenzaprine-Flexeril 10mg because there was no documentation of medical necessity, supported by evidence based guidelines submitted to justify long-term administration of this class of medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

CYCLOBENZAPRINE-FLEXERIL 10MG: Upheld

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

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

Decision rationale: Cyclobenzaprine is a skeletal muscle relaxant and a central nervous system depressant with similar effects to tricyclic antidepressants. According to pages 41-42 of the CA MTUS Chronic Pain Medical Treatment Guidelines, sedating 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 (LBP). However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement. In addition, efficacy appears to diminish over time and prolonged use of some medications in this class may lead to dependence. The effect is greatest in the first 4 days of treatment. In this case, an appeal by the physician dated 1/24/2014 mentioned that the patient utilizes Flexeril to help her with the muscle spasms. Flexeril would decrease the intensity and severity of her muscle spasms. The appeal detailed the patient's use of Flexeril, stating that the patient's use of the medication is intermittently as needed and only during flare-up, which is consistent with guideline recommendations. The medical necessity has been established; however, the request failed to specify the quantity to be dispensed. The request is incomplete; therefore, the request for cyclobenzaprine-flexeril 10mg is not medically necessary.