

Case Number:	CM14-0012740		
Date Assigned:	02/21/2014	Date of Injury:	03/08/2003
Decision Date:	07/14/2014	UR Denial Date:	01/14/2014
Priority:	Standard	Application Received:	01/31/2014

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:

The patient is a 67-year-old male who has submitted a claim for neck and low back pain associated with an industrial injury date of March 8, 2003. Medical records from 2014 were reviewed. The latest progress report, dated January 7, 2014, showed constant neck pain radiating to the upper extremities and low back pain radiating to the lower extremities. Physical examination revealed restricted range of motion for both cervical and lumbar spine. Tenderness of the lumbar spine was noted. Treatment to date has included physical therapy, epidural steroid injections and medications which include Cyclobenzaprine Hydrochloride since at least March 2013. Utilization review from January 14, 2014 denied the request for the purchase of Cyclobenzaprine Hydrochloride 7.5 #60 because the patient has been taking the medication on a chronic basis, which would not be consistent with the current guidelines. Furthermore, the medical records did not establish an episode of acute exacerbation which was an indication for treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

CYCLOBENZAPRINE HYDROCHLORIDE 7.5 # 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril, Fexamid).

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

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, It recommends non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP (low back pain). Efficacy appears to diminish over time, and prolonged use may lead to dependence. In this case, medical records revealed that patient has been on Cyclobenzaprine since at least March 2013. The medical necessity was not established since there was no documented acute exacerbation of pain or objective findings for the presence of muscle spasm that may warrant its use. Moreover, long-term use is not recommended. The request for cyclobenzaprine hydrochloride 7.5, sixty count, is not medically necessary or appropriate.