

Case Number:	CM14-0017116		
Date Assigned:	04/14/2014	Date of Injury:	06/27/1998
Decision Date:	06/02/2014	UR Denial Date:	02/05/2014
Priority:	Standard	Application Received:	02/11/2014

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 Family Practice and is licensed to practice in New York. 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 woman with a date of injury of 6/27/98. She was seen by her physician on 3/4/13 (most recent physician note in the records) with complaints of back spasm and for refills of medications including vicodin, relafen and flexeril. She was attending physical therapy which was helpful and going to the gym. Her physical exam showed some paraspinal muscle spasm from her mid thoracic area to lumbosacral area, negative straight leg raises, normal motor and sensory exam, non-antalgic gait and normal reflexes. Her diagnoses were sciatica and back pain. She was to continue her medications. The prescription for flexeril (cyclobenzaprine) is at issue in this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

CYCLOBENZAPRINE 10MG, #90: 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 9792.20 - 9792.26 Page(s): 63-66.

Decision rationale: This injured worker has chronic back pain with an injury sustained in 1998. Her medical course has included long-term use of several medications including narcotics,

NSAIDs and muscle relaxants. Per the chronic pain guidelines for muscle relaxant use, non-sedating muscle relaxants are recommended for use with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. Efficacy appears to diminish over time and prolonged use can lead to dependence. The MD notes fail to document any improvement in pain, functional status or side effects to justify long-term use. The Cyclobenzaprine has been prescribed for long-term use and medical necessity is not supported in the records.