

Case Number:	CM14-0019068		
Date Assigned:	06/04/2014	Date of Injury:	09/29/2010
Decision Date:	07/31/2014	UR Denial Date:	01/13/2014
Priority:	Standard	Application Received:	02/14/2014

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 & Preventative 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 43 year old woman who suffered injury on 9/29/2010 when working as a sorter and pulling a heavy piece of iron off a table. The medical documents reviewed included the most recent clinical examination on 12/2/2013. In addition, previous reports by the same provider were reviewed going back to 6/2013. Physical therapy notes were available until 12/2013 and were reviewed. Per the documentation available, and included in the clinical report of 12/2/2013, the patient has chronic low back pain. She had undergone an ALDF procedure on 3/12/2013. She was noted to be on multiple pharmacological agents including Flexeril, Mentherm ointment and Tramadol in addition to Prilosec. She had undergone several treatments with the physical therapist. All of these measures were noted to be controlling her symptoms well. She was noted to be exercising on a daily basis. She specifically was noted to be biking and walking daily. There was no mention of the use of assistive devices or impairment of psychological or sleep functioning due to pain. Further, there was not noted to be symptomatic of problems with activities of daily living. On physical examination, both in the upper and lower extremities, she was noted to have normal reflexes, normal sensory and motor testing. Straight leg raising and bowstring tests were negative bilaterally. The Lhermitte's and Spurling's maneuvers were noted to be negative as well. Plantar stimulation produced down going toes indicating a negative Babinski's sign. Vascular assessment of the lower extremity was normal with adequate pulses although which pulses were tested is not provided. The physician made a request for Flexeril 7.5 mg orally twice a day which was denied in the utilization management process.

IMR ISSUES, DECISIONS AND RATIONALES

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

FEXMID (CYCLOBENZAPRINE) 7.5MG: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 803-806.

Decision rationale: The chronic pain management guidelines, which are the most directly applicable guidelines for this patient's symptoms (ongoing since 2010, hence chronic); recommend on the pages cited above that pain evaluation needs to be comprehensive and detailed. The nature of pain generators, exacerbating conditions, alleviating factors, whether pain is nociceptive and / or neuropathic and psycho-social factors that may contribute to pain are all relevant considerations in the assessment of chronic pain. The guidelines stress that a comprehensive approach is required for adequate and appropriate control of symptoms and improvement of function. This is consistent with the reviewer's professional experience as well. The requesting physician has not provided adequate documentation of such an assessment. In addition, the guidelines state that the effect of any intervention performed should be assessed in a standardized fashion to determine whether it should be continued or not. If an intervention is found to be ineffective, it is better to stop and try a different intervention, the document states. The physician has not documented that specifically, a muscle relaxant is required for adequate pain relief for this patient. The effect specifically of the muscle relaxant is not documented. Later in the same Chapter (Chapter 10, Pg 916 - 919), the guidelines review clinical evidence pertaining to the use of muscle relaxants in chronic pain. Although the literature is not based on very high quality studies, the overall position of the guideline is to recommend muscle relaxants as second line agents for chronic pain patients with a variety of conditions that relate to the lower back. The first line therapy for chronic pain remains agents such as Nortryptiline, Amitryptiline, Duloxetine and Pregabalin. Since the patient has not been initiated on these agents to assess their effect on her chronic musculoskeletal pain, the use of muscle relaxants is not justified. Further, there is abuse potential, albeit low, with these agents due to their CNS effects. In summary, the request for Cyclobenzaprine is not supported since a) an adequate pain assessment and documentation has not been provided; b) first line agents for chronic pain have not been applied prior to resort to second line agents, and c) the specific or unique benefit of Cyclobenzaprine for this patient has not been documented in any standardized fashion, such as a pain scale.