

Case Number:	CM14-0122730		
Date Assigned:	09/25/2014	Date of Injury:	02/26/2004
Decision Date:	12/09/2014	UR Denial Date:	07/18/2014
Priority:	Standard	Application Received:	08/04/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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 35 year old female with an injury date of 02/26/04. Based on the 03/13/14 progress report provided by [REDACTED], the patient complains of chronic low back pain that radiates to her bilateral lower extremities. Physical examination revealed tenderness across lower lumbar region bilaterally. The patient's medications include Ativan, Buprenorphine, Cyclobenzaprine, Cymbalta, Docusate, Flector patch, Senna and Zolpidem. The patient's diagnosis dated 03/03/14 included opioid dependence; thoracic neuritis; degeneration of lumbosacral intervertebral disc; displacement of lumbar intervertebral disc without myelopathy; anxiety state; depressive disorder; and chronic pain syndrome. [REDACTED] is requesting Cyclobenzaprine 10mg daily as needed, quantity 30 with 2 refills. The utilization review determination being challenged is dated 07/18/14. [REDACTED] is the requesting provider and he provided treatment reports from 03/13/14 - 05/30/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 10mg daily as needed QTY: 30 refills 2: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The patient presents with chronic low back pain that radiates to her bilateral lower extremities. The request is for Cyclobenzaprine 10mg daily as needed quantity 30 with 2 refills. MTUS page 63-66 states: "Muscle relaxants (for pain): Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. The most commonly prescribed antispasmodic agents are Carisoprodol, Cyclobenzaprine, Metaxalone, and Methocarbamol, but despite their popularity, skeletal muscle relaxants should not be the primary drug class of choice for musculoskeletal conditions. Cyclobenzaprine (Flexeril, Amrix, Fexmid, generic available): Recommended for a short course of therapy." Guidelines do not suggest use of Cyclobenzaprine for chronic use longer than 2-3 weeks. Review of reports show patient has used Cyclobenzaprine, at least from 03/13/14 per the provider's report, until utilization review date of 07/18/14. Furthermore, the request is for quantity 30 with 2 refills, which does not imply short-term use. Therefore, this request is not medically necessary.