

Case Number:	CM14-0152227		
Date Assigned:	09/22/2014	Date of Injury:	02/03/2011
Decision Date:	10/31/2014	UR Denial Date:	09/13/2014
Priority:	Standard	Application Received:	09/18/2014

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 & Rehabilitation, has a subspecialty in Interventional Spine Pain Management 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 31-year-old female with date of injury of 02/03/2011. The listed diagnoses per [REDACTED] from 08/18/2014 are: Left lumbar radiculopathy secondary to L5-S1 protrusion and Status post remote lumbar decompression. According to this report, the patient notes 8/10 low back pain with left lower extremity symptoms. Medications at current dosing levels facilitate maintenance of activities of daily living including light household duties, shopping, grooming, and cooking. The patient notes GI upset with NSAID. She also states that cyclobenzaprine decreases spasms for approximately 4 to 6 hours facilitating marked improvement in range of motion, tolerance to exercise, and additional decrease in overall pain levels 2 to 3 points average on a scale of 10. The objective findings show tenderness in the lumbar spine. Lumbar range of motion is flexion 50 degrees, extension 40 degrees, left and right rotation 40 degrees, left and right lateral tilt 40 degrees. Spasm in lumboparaspinal musculature is decreased. The utilization review denied the request on 09/13/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine Hydrochloride tablets USP, 10mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril, Amrix, Fexmid, generic available).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Cyclobenzaprine Page(s): 64.

Decision rationale: This patient presents with low back pain and left lower extremity symptoms. The provider is requesting Cyclobenzaprine Hydrochloride tablets 10 mg. The MTUS Guidelines page 64 on cyclobenzaprine states that it is recommended as a short course of therapy with limited mixed evidence not allowing for chronic use. Cyclobenzaprine is a skeletal muscle relaxant and central nervous system depressant with similar effects to tricyclic antidepressants (amitriptyline). This medication is not recommended to be used for longer than 2 to 3 weeks. The 06/16/2014 report showed that the patient was prescribed a muscle relaxant, Orphenadrine. The patient was then prescribed cyclobenzaprine hydrochloride on 08/18/2014. In this case, MTUS does not support the long-term use of muscle relaxants. Given that the patient has been utilizing muscle relaxants since 06/16/2014, it exceeds MTUS recommended 2- to 3-week treatment. Therefore, this request is not medically necessary.