

Case Number:	CM14-0156429		
Date Assigned:	09/25/2014	Date of Injury:	08/07/2001
Decision Date:	10/29/2014	UR Denial Date:	09/08/2014
Priority:	Standard	Application Received:	09/24/2014

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 Medicine and is licensed to practice in Texas and Mississippi. 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 57-year-old male who reported an injury on 08/07/2001. The mechanism of injury was not provided. The injured worker's diagnoses included degeneration of lumbar intervertebral disc, lumbar radiculopathy, and neuralgia. The injured worker's past treatments included a brace and medication. There were no relevant diagnostic testing. The injured worker's surgical history included a nerve ablation in 07/2013 and 08/2013 and a right knee surgery in 10/2013. On 08/18/2014, the injured worker reported that was getting some relief from the Flexeril. There was no physical examination performed outside of the vital signs. The injured worker's medications included Celebrex 200mg, clonazepam 1 mg, cyclobenzaprine 10 mg, Cymbalta 60 mg, and oxycodone-acetaminophen 10-325 mg. The request was for cyclobenzaprine 10 mg #60 with 2 refills. The rationale for the request was not provided. The Request for Authorization form was signed and submitted on 08/18/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 10mg #60 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril) Page(s): 63,76-80.

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

Decision rationale: The request for cyclobenzaprine 10 mg #60 with 2 refills is not medically necessary. The California MTUS Guidelines may recommend nonsedating muscle relaxants with caution as a second line option for short term treatment of acute exacerbations in injured workers with chronic low back pain. Muscle relaxants may be effective in reducing pain and muscle tension and increasing mobility. However, in most low back pain cases they show no benefit beyond NSAIDs in pain and overall improvement. Efficacy appears to diminish over time and prolonged use of some medications in this class may lead to dependence. Cyclobenzaprine is recommended for a short course of therapy. Limited, mixed evidence does not allow for a recommendation for chronic use. Cyclobenzaprine is a skeletal muscle relaxant and a nervous system depressant with similar effects to tricyclic antidepressants. The injured worker reported that he was getting some relief from the Flexeril. The documentation did not provide evidence of a decrease in pain or an increase in functional improvement. The injured worker was documented to have been using the cyclobenzaprine since at least 06/2014. This medication is not recommended to be used for longer than 2 - 3 weeks. In the absence of documentation with sufficient evidence of the efficacy of the medication, to include significant objective functional improvements and objective evidence of decreased pain, the request is not supported. Furthermore, the guidelines recommend cyclobenzaprine for a short course of therapy and the injured worker has been documented to have been using the medication since 06/2014. Additionally, as the request is written, there is no frequency provided. Therefore, the request is not medically necessary.