

Case Number:	CM14-0178398		
Date Assigned:	10/31/2014	Date of Injury:	06/05/2002
Decision Date:	12/08/2014	UR Denial Date:	10/08/2014
Priority:	Standard	Application Received:	10/27/2014

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 American Board Family Practice 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:

57 yr. old male claimant sustained a work injury on 6/5/02 involving the low back He was diagnosed with lumbar radiculopathy, chronic cervical pain and cervical radiculopathy. He underwent an interbody fusion of C4-C7. An MRI in 2008 showed L4-S1 degeneration, annular tear of L3-L4. A progress note on October 14, 2014 indicated the claimant had moderate pain with medications. He had 80% relief with a prior epidural injection. Exam findings were notable for limited range of motion of the cervical and lumbar spine with paravertebral tenderness and spasms. He was continued on Norco for pain and Cyclobenzaprine for spasms. He had been on Cyclobenzaprine for a few months. Previously he was on Zanaflex in 2012 for muscle spasms.

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 Cyclobenzaprine (Flexeril).

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

Decision rationale: According to the MTUS guidelines , Cyclobenzaprine (Flexeril) is more effective than placebo for back pain. It is recommended for short course therapy and has the

greatest benefit in the first 4 days suggesting that shorter courses may be better. Those with fibromyalgia were 3 times more likely to report overall improvement, particularly sleep. Treatment should be brief. There is also a post-op use. The addition of cyclobenzaprine to other agents is not recommended. The claimant had been on Flexeril for a prolonged period without improvement in pain or function. He had also been on muscle relaxants previously. Continued use is not medically necessary.