

Case Number:	CM14-0028337		
Date Assigned:	04/07/2014	Date of Injury:	12/21/2001
Decision Date:	11/18/2014	UR Denial Date:	12/31/2013
Priority:	Standard	Application Received:	01/17/2014

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 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 59-year-old female with an injury date of 12/21/01. Based on the 12/03/13 progress report provided by [REDACTED] the patient complains of failed back surgery syndrome, lumbar radiculopathy and thoracic radiculopathy. Physical examination to the thoracic and lumbar spines revealed diffuse tenderness. Patient is to continue with conservative treatment include home exercise program, moist heat, and stretches. Patient medications include Norco, Flexeril, Topamax, and Nortriptyline. Flexeril was included in patient's medication list in progress report dated 07/16/13. Diagnosis as of 12/03/13 are degenerated disc disease, thoracic, degenerated disc disease, lumbar, stenosis, lumbar spine and failed back surgery syndrome. [REDACTED] is requesting Cyclobenzaprine HCL 10mg #120. The utilization review determination being challenged is dated 12/31/13. [REDACTED] is the requesting provider and he provided frequent reports from 07/16/13-12/27/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine HCL 10mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 41-42.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 64.

Decision rationale: The patient presents with failed back surgery syndrome, lumbar radiculopathy and thoracic radiculopathy. The request is for Cyclobenzaprine HCL 10mg #120. Her diagnosis dated 12/03/13 included thoracic and lumbar degenerated disc disease and lumbar spine stenosis. MTUS pg. 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, in the form of Flexeril at least from 07/16/13 per physician report, until utilization review date of 12/31/13. Recommendation is for denial.

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