

Case Number:	CM14-0029373		
Date Assigned:	06/16/2014	Date of Injury:	08/09/2012
Decision Date:	08/07/2014	UR Denial Date:	02/12/2014
Priority:	Standard	Application Received:	03/07/2014

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 Anesthesiology, has a subspecialty in Pain Medicine, and is licensed to practice in Maryland. 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:

According to the records made available for review, this is a 39-year-old male with an 8/9/12 date of injury. At the time (2/13/14) of request for authorization for Retrospective Cyclobenzaprine (DOS: 01/24/14), there is documentation of subjective (constant upper and lower back pain with relief with current medications) and objective (slightly restricted thoracic spine range of motion in all planes, slightly-to-moderately restricted lumbar spine range of motion, unable to perform heel-toe gait, and sensation to fine touch and pinprick decreased in lateral and posterior aspects of left calf and dorsum of left foot) findings, current diagnoses (mild left L5 radiculopathy, chronic myofascial pain syndrome, thoracolumbar spine, chronic daily headaches due to muscle contractions, NSAIDS gastritis, and sprain injury, left ankle), and treatment to date (medications (including ongoing treatment with Cyclobenzaprine since at least 9/6/13)). There is no documentation of acute muscle spasm, functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Cyclobenzaprine use to date, and the intention to treat over a short course.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE CYCLOBENZAPRINE (DOS: 01/24/14): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MUSCLE RELAXANTS (FOR PAIN).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CYCLOBENZAPRINE (FLEXERIL) Page(s): 41-42. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Muscle relaxants (for pain).

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies that Cyclobenzaprine is recommended for a short course of therapy. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. ODG identifies that muscle relaxants are recommended as a second line option for short-term (less than two weeks) treatment of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain. Within the medical information available for review, there is documentation of diagnoses of mild left L5 radiculopathy, chronic myofascial pain syndrome, thoracolumbar spine, chronic daily headaches due to muscle contractions, NSAIDS gastritis, and sprain injury, left ankle. However, there is no documentation of acute muscle spasm. In addition, despite documentation of relief with current medications, there is no (clear) documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Cyclobenzaprine use to date. Furthermore, given documentation of records reflecting prescriptions for Cyclobenzaprine since at least 9/6/13, there is no documentation of the intention to treat over a short course (less than two weeks). Therefore, based on guidelines and a review of the evidence, the request for Retrospective Cyclobenzaprine (DOS: 01/24/14) is not medically necessary.