

Case Number:	CM14-0034781		
Date Assigned:	06/20/2014	Date of Injury:	01/30/2013
Decision Date:	07/24/2014	UR Denial Date:	03/10/2014
Priority:	Standard	Application Received:	03/20/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a Physician Reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The Physician Reviewer is Board Certified in Neurology, has a subspecialty in Neuromuscular Medicine, and is licensed to practice in New Jersey. 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 Physician 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 52-year-old man who sustained a work-related injury on January 30, 2013. Subsequently he developed chronic neck and low back pain. According to the most recent medical report dated on February 27, 2014 the patient's physical examination revealed diffuse TTP (tenderness to palpation) over the upper and lower extremities as well as lumbosacral spine, lumbar tenderness with reduced range of motion, decreased muscle strength in the plantar and flexor muscles, palpable bands in the area of the pain; spasms in the suprascapular; lumbar paraspinal and gluteal region, positive SLR; decreased Achilles reflexes; and decreased sensation along the anterolateral legs down both legs. Report indicates opioids have been dispensed per guidelines. Current diagnoses include: lumbar disc disorder with myelopathy, lumbosacral spondylosis without myelopathy, myalgia and myositis NOS, and sleep disturbance NOS. The patient was treated with medications (NSAIDs, opioids, and muscle relaxants), physical therapy, and LESI. The provider requested authorization for Cyclobenzaprine 7.5mg #60 with 3 refills. The patient was prescribed Cyclobenzaprine since at least February 2014 without clear documentation of its effect.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 7.5mg #60 with 3 refills: Upheld

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

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

Decision rationale: According to MTUS guidelines, Cyclobenzaprine, a non-sedating muscle relaxant, is recommended with caution as a second line option for short term treatment of acute exacerbations in patients with chronic spasm and pain. Efficacy appears to diminish over time and prolonged use may cause dependence. The guidelines do not recommend muscle relaxants to be used for more than 2-3 weeks. The injured worker was prescribed Cyclobenzaprine since at least February 2014 without clear documentation of its efficacy. The injured worker in this case does not have clear recent evidence of spasm and the prolonged use of Cyclobenzaprine is not justified. Therefore, the request for Cyclobenzaprine 7.5mg #60 is not medically necessary.