

Case Number:	CM14-0039875		
Date Assigned:	06/27/2014	Date of Injury:	03/31/2009
Decision Date:	12/11/2014	UR Denial Date:	03/28/2014
Priority:	Standard	Application Received:	04/04/2014

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 Management, 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:

According to the records made available for review, this is a 58-year-old male with a 3/31/09 date of injury. At the time (2/25/14) of request for authorization for Cyclobenzaprine HCI 7.5mg #120, there is documentation of subjective (constant severe low back pain that radiates to the lower extremities) and objective (tenderness to palpitation over the lumbar spine, spasm of the paraspinal muscles, decreased range of motion, positive straight leg raise, and decreased sensation at L5-S1 dermatome) findings, current diagnoses (lumbago), and treatment to date (physical therapy and medications (including ongoing treatment with Naproxen and Cyclobenzaprine since at least 10/3/13)). There is no documentation of acute low back pain or acute exacerbations of chronic low back pain and short-term (less than two weeks) treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine HCI 7.5mg #120: 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) Title 8, California Code of Regulations, section 9792.20

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies that Flexeril 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 a diagnosis of lumbago. In addition, there is documentation of Cyclobenzaprine used as a second line option. However, despite documentation of low back pain and given a 3/31/09 date of injury, there is no documentation of acute low back pain or acute exacerbations of chronic low back pain. In addition, given documentation of records reflecting prescription for Cyclobenzaprine since at least 10/3/13, there is no documentation of short-term (less than two weeks) treatment. Furthermore, given documentation of ongoing treatment with Cyclobenzaprine, there is no 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. Therefore, based on guidelines and a review of the evidence, the request for Cyclobenzaprine HCl 7.5mg #120 is not medically necessary.