

Case Number:	CM14-0042949		
Date Assigned:	07/02/2014	Date of Injury:	04/20/2009
Decision Date:	08/20/2014	UR Denial Date:	03/27/2014
Priority:	Standard	Application Received:	04/10/2014

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 and Rehabilitation, has a subspecialty in Pain Medicine 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 44-year-old female with a 04/20/09 date of injury. The mechanism of injury is a cumulative trauma involving multiple body parts. Report dated 03/19/14 indicates that the patient complains of low back, left lower extremity, left ankle and right heel pain. She reports having pain at rest whereas previously she would only have pain with activity. She rates the pain at 8/10. She denies numbness or tingling in the foot and uses Lidoderm patches at night which helped to relieve some pain. Objective findings include tenderness to palpation in the area of the left lateral malleolus, mild swelling of the left foot. Strength is intact. Current medications include Omeprazole, Lidoderm, Naproxen, Sentra PM, and Cyclobenzaprine (Flexeril). Diagnoses include pain in ankle, plantar fasciitis and chronic pain. Patient is status post left foot surgery on 08/06/10. It is stated that she is having more pain in her left foot around the surgical scar which wakes her up at night sometimes. She does report some improvement with use of the medications. Request is for Cyclobenzaprine (Flexeril) 7.5mg qty 90.

IMR ISSUES, DECISIONS AND RATIONALES

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

CYCLOBENZAPRINE (FLEXERIL) 7.5 MG QUANTITY 90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter.

Cyclobenzaprine (Flexeril, Fexmid, generic available, ER as Amrix): Recommended for a short course of therapy. Immediate release (eg, Flexeril, generic) recommended over extended release (Amrix) due to recommended short course of therapy (also note substantial increase in cost for extended release without corresponding benefit for short course of therapy). Limited, mixed-evidence does not allow for a recommendation for chronic use. Cyclobenzaprine is a skeletal muscle relaxant and a central nervous system depressant with similar effects to tricyclic antidepressants (e.g. amitriptyline). Cyclobenzaprine is more effective than placebo in the management of back pain, although the effect is modest and comes at the price of adverse effects. It has a central mechanism of action, but it is not effective in treating spasticity from cerebral palsy or spinal cord disease. Cyclobenzaprine is associated with a number needed to treat of 3 at 2 weeks for symptom improvement. The greatest effect appears to be in the first 4 days of treatment. (Browning, 2001) (Kinkade, 2007) (Toth, 2004) See Cyclobenzaprine. Cyclobenzaprine has been shown to produce a modest benefit in treatment of fibromyalgia. Cyclobenzaprine-treated patients with fibromyalgia were 3 times more likely to report overall improvement and to report moderate reductions in individual symptoms (particularly sleep). A meta-analysis concluded that the number needed to treat for patients with fibromyalgia was 4.8. (ICSI, 2007) (Tofferi, 2004) A recent RCT found that time to relief was better with immediate release compared to extended release Cyclobenzaprine. (Landy, 2011) Side Effects: Include anticholinergic effects (drowsiness, urinary retention and dry mouth). Sedative effects may limit use. Headache has been noted. This medication should be avoided in patients with arrhythmias, heart block, heart failure and recent myocardial infarction. Side effects limit use in the elderly. (See, 2008) (Toth, 2004) Dosing: 5 mg three times a day. Can be increased to 10 mg three times a day. This medication is not recommended to be used for longer than 2-3 weeks.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines recommends non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain however, in most low back pain cases, they show no benefit beyond NSAIDs in pain or overall improvement. This patient has a concurrent prescription of Naproxen. Review of prior records reveals Cyclobenzaprine as patient's current medication since 10/16/13. The documentation does not specifically identify any acute spasm, or specific functional gains attributed to chronic use of the muscle relaxants. Cyclobenzaprine is not recommended to be used for longer than 2-3 weeks, per the referenced criteria. As such, Cyclobenzaprine 7.5mg, qty 90 is not medically necessary.