

Case Number:	CM14-0044392		
Date Assigned:	06/20/2014	Date of Injury:	06/21/2007
Decision Date:	07/18/2014	UR Denial Date:	03/18/2014
Priority:	Standard	Application Received:	03/19/2014

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 Internal Medicine and Emergency Medicine and is licensed to practice in Florida. 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:

This patient is a 45 year-old with a date of injury of 06/21/07. A progress report associated with the request for services, dated 03/07/14, identified subjective complaints of low back pain radiating into the lower extremities. Objective findings noted that she ambulated without assistance. Diagnoses included lumbar disc disease without myelopathy. Treatment has included oral analgesics and muscle relaxants, aquatic therapy, and an epidural steroid injection. A Utilization Review determination was rendered on 03/18/14 recommending non-certification of "Flexeril Tablets 5 MG".

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril Tablets 5 MG #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 41, 64.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine; Muscle Relaxants Page(s): 41-42; 63-66.

Decision rationale: Flexeril (cyclobenzaprine) is an antispasmodic muscle relaxant. The Medical Treatment Utilization Schedule (MTUS) states that muscle relaxants are recommended with caution as a second-line option for short-term treatment of acute exacerbations of low back

pain. They note that in most low-back pain cases, they show no benefit beyond NSAIDs in pain and overall improvement. Also, there is no additional benefit shown in combination of NSAIDs. Likewise, the efficacy diminishes over time. The MTUS states that cyclobenzaprine (Flexeril) is indicated as a short course of therapy. Limited, mixed evidence does not allow a recommendation for cyclobenzaprine for chronic use. Though it is noted that cyclobenzaprine is more effective than placebo in the management of back pain; the effect is modest and comes at the price of greater adverse effects. They further state that treatment should be brief and that addition of cyclobenzaprine to other agents is not recommended. The Guidelines do note that cyclobenzaprine has been shown to produce a moderate benefit in the treatment of fibromyalgia. The record does not show any evidence of fibromyalgia, and other indications for Flexeril beyond a short course are not well supported. The patient has been on Flexeril for a prolonged period. Likewise, it has not been prescribed in the setting of an acute exacerbation of symptoms. Therefore, based upon the Guidelines, the record does not document the further medical necessity for Flexeril (cyclobenzaprine).