

Case Number:	CM14-0062628		
Date Assigned:	07/11/2014	Date of Injury:	01/05/2009
Decision Date:	09/10/2014	UR Denial Date:	04/22/2014
Priority:	Standard	Application Received:	05/05/2014

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:

This is a 46-year-old male patient with a date of injury of 1/5/09. The mechanism of injury occurred when he stepped off a ladder, fell, and injured his low back. On 1/16/14, it was noted he was on Soma, but on this date he was prescribed Flexeril 10mg. On 3/24/14, he complained of low back pain and radiating leg pain. The pain was described as shooting, stabbing, and throbbing with a tingling and burning sensation. On exam of the lumbar spine he had pain causing decreased range of motion. The diagnostic impression is s/p lumbar spinal fusion with ongoing pain and radiculitis. Treatment to date: surgery, physical therapy, epidural injections, medication management. A UR decision dated 4/18/14 denied the request for cyclobenzaprine. The cyclobenzaprine (Flexeril), was denied because the patient has been taking the medication for at least two months, and guidelines recommend using Flexeril as an option, using a short course of therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine HCL 10mg qd #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 82-88; 41.

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

Decision rationale: According to page 41 of the CA MTUS Chronic Pain Medical Treatment Guidelines, Cyclobenzaprine is recommended as an option, using a short course of therapy. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. Treatment should be brief. There is also a post-op use. The addition of cyclobenzaprine to other agents is not recommended. However, the patient has been noted to be on Flexeril since 1/16/14. There was no documentation of an acute exacerbation of the patient's chronic pain. In addition, this is noted to be a refill of Flexeril, which was first prescribed on 1/16/14. Guidelines do not support the long-term use of muscle relaxants due to diminishing efficacy over time and the risk of dependence. Therefore, the request for cyclobenzaprine 10mg everyday #30 is not medically necessary.