

Case Number:	CM14-0068723		
Date Assigned:	07/14/2014	Date of Injury:	05/07/2010
Decision Date:	08/21/2014	UR Denial Date:	04/14/2014
Priority:	Standard	Application Received:	05/13/2014

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 Occupational 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:

According to the records made available for review, this is a 44-year-old female with a 5/7/10 date of injury. At the time (2/7/14) of request for authorization for Cyclobenzaprine 7.5mg tablet #30, there is documentation of subjective (moderate to severe neck pain with burning pain in the right elbow; moderate to severe low back pain radiating to the legs and feet; and headaches) and objective (antalgic gait, decreased sensation over the right C5-8 dermatomes, decreased sensation over the L4 and L5 dermatomes, decreased motor strength of the upper and lower extremities, positive straight leg raise on the right, and spasms of the trapezius bilaterally) findings, current diagnoses (herniated nucleus pulposus at L4-5 and L5-S1, lumbar spine facet arthropathy, lumbar neuroforaminal narrowing, cervical kyphosis with degenerative disc disease, and degenerative disc disease of the thoracic spine), and treatment to date (ongoing therapy with Cyclobenzaprine since at least 12/27/13 with decrease in spasms and increase in functioning). There is no documentation of acute exacerbation 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 7.5mg tablet #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-64. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Muscle relaxants (for pain).

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of acute exacerbation of chronic low back pain and used as a second line option for short-term treatment, as criteria necessary to support the medical necessity of muscle relaxant. 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 for short-term (less than two weeks) treatment. Within the medical information available for review, there is documentation of diagnoses of herniated nucleus pulposus at L4-5 and L5-S1, lumbar spine facet arthropathy, lumbar neuroforaminal narrowing, cervical kyphosis with degenerative disc disease, and degenerative disc disease of the thoracic spine. In addition, there is documentation of chronic low back pain. Furthermore, given documentation of decrease in spasms and increase in functionality with use of Cyclobenzaprine, there is documentation of functional benefit or improvement as an increase in activity tolerance as a result of use of Cyclobenzaprine. However, there is no documentation of acute exacerbation of chronic low back pain. In addition, given documentation of ongoing treatment with Cyclobenzaprine since at least 12/27/13, there is no documentation of short-term (less than two weeks) treatment. Therefore, based on guidelines and a review of the evidence, the request for Cyclobenzaprine 7.5mg tablet #30 is not medically necessary.