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| Case Number: | CM14-0069932 | | |
| Date Assigned: | 07/14/2014 | Date of Injury: | 02/20/2012 |
| Decision Date: | 09/16/2014 | UR Denial Date: | 04/14/2014 |
| Priority: | Standard | Application Received: | 05/15/2014 |

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:

The patient is a 49-year-old male who has submitted a claim for sprain lumbar region associated with an industrial injury date of February 20, 2012. Medical records from 2013 through 2014 were reviewed, which showed that the patient complained of persistent painful and tight lower back with spasms. On back examination, patient was found to have pain, tenderness and swelling without redness or ecchymosis. Range of motion exam of the lumbar spine revealed flexion 40/90, extension 10/30, left rotation 10/30, right rotation 10/30, left flexion 10/20 and right flexion 10/20. Treatment to date has included muscle relaxants (including Cyclobenzaprine Hydrochloride 7.5 mg since at least 12/17/13), analgesics, physical medicine and acupuncture. Utilization review from April 14, 2014 denied the request for Cyclobenzaprine 7.5 mg between 3/19/2014 and 3/19/2014 because the patient had used the drug for the guideline recommended period of 2-3 weeks. Records showed that the patient had been utilizing the drug since at least 12/17/13. Furthermore, the utilization review stated that there was lack of compelling clinical evidence documenting subjective, objective and/or functional improvement as a direct result of use of this medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for Cyclobenzaprine 7.5mg DOS: 3/19/2014: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines (May 2009); muscle relaxants (for pain).

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

Decision rationale: According to pages 41-42 of the CA MTUS Chronic Pain Medical Treatment Guidelines, cyclobenzaprine is a sedating muscle relaxant recommended with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain (LBP). It is recommended as an option using a short course of therapy. The effect is greatest in the first four days of treatment, suggesting that shorter courses may be better. In this case, records show that the patient had been on Cyclobenzaprine since 12/17/13. Although the physical exam still showed evidence of muscle spasm, long-term use of muscle relaxant is not recommended. The request for Cyclobenzaprine use beyond 4 days might have been warranted if there was an evidence of subjective, objective or functional improvements. However, there was none documented in this case. On the contrary, the patient still complained of back pain for up to three months despite the patient being on the medication. Moreover, the dosing frequency of Cyclobenzaprine as well as the amount dispensed is not mentioned in the request. Therefore, the request for Cyclobenzaprine 7.5 mg DOS: 3/19/2014 was not medically necessary.