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| Case Number: | CM14-0072597 | | |
| Date Assigned: | 07/16/2014 | Date of Injury: | 09/10/2001 |
| Decision Date: | 09/16/2014 | UR Denial Date: | 05/05/2014 |
| Priority: | Standard | Application Received: | 05/19/2014 |

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 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 claimant was injured on September 10, 2001. Cyclobenzaprine is under review. She complains of low back pain. Her physical examination recently was described as "unchanged." On July 23, 2014, she saw [REDACTED], a chiropractor, for low back pain and right hip pain. The claimant was denied chiropractic treatments. [REDACTED] stated she was getting worse. She was being treated for a flareup of her pain. She saw [REDACTED] on March 28, 2014. She was using the Butrans, naproxen, and tramadol. Her physical examination was unchanged. Butrans was discontinued. A right SI joint injection was recommended on July 2, 2014. Her medications have included Flexeril. She had some decreased strength. There was facet tenderness. Axial loading increased the pain. There is no documentation of spasm. She has been taking Flexeril for a prolonged period of time.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine HCL 5 mg, sixty count: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxers, Cyclobenzaprine Page(s): 74.

Decision rationale: The history and documentation do not objectively support the request for continued use of Flexeril. The Chronic Pain Medical Treatment Guidelines state for cyclobenzaprine (Flexeril), "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. (Browning, 2001). Treatment should be brief." Additionally, the Chronic Pain Medical Treatment Guidelines and ODG state "relief of pain with the use of medications is generally temporary and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity. Before prescribing any medication for pain, the following should occur: (1) determine the aim of use of the medication; (2) determine the potential benefits and adverse effects; (3) determine the patient's preference. Only one medication to be given at a time, and interventions that are active and passive should remain unchanged at the time of the medication change. A trial should be given for each individual medication. Analgesic medication should show effects within one to three days. A record of pain and function with the medication should be recorded. (Mens 2005) Uptodate for "Flexeril" also recommends "do not use longer than two to three weeks" and is for "short-term (two to three weeks) use for muscle spasm associated with acute painful musculoskeletal conditions." The medical documentation provided does not establish the need for long-term/chronic usage of Flexeril, which the Chronic Pain Medical Treatment Guidelines advise against. Additionally, the medical records provided do not provide objective findings of acute spasms or a diagnosis of acute spasm. In this case, the claimant's pattern of use of medications, including other first-line drugs such as acetaminophen and anti-inflammatories and the response to them, including relief of symptoms and documentation of functional improvement, have not been described. As such, the request for Cyclobenzaprine HCL 5 mg, sixty count, is not medically necessary or appropriate.