MAXIMUS Federal Services

Case Number:	CM14-0077688		
Date Assigned:	07/18/2014	Date of Injury:	09/11/2008
Decision Date:	12/19/2014	UR Denial Date:	05/22/2014
Priority:	Standard	Application Received:	05/28/2014

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:

55 year old female injured her lower back at work on 11 Sep 2008. She has been diagnosed with lumbosacral degenerative disc disease with right L5 radiculopathy, disorder of the sacrum and mood disorder (depression and anxiety). Comorbid conditions include hypothyroidism. Presently she continues to have low back pain with partial improvement from pain medications and she continues to experience symptoms of anxiety and depression. Exam in June 2014 showed lower back with decreased flexion and extension, tenderness to palpation of facets at L4, L5 and S1, and tenderness in the paravertebral muscles. Her straight leg raise was positive at 45 degrees on the right. An electromyogram (EMG) on 1 Mar 2010 verified the L5 radiculopathy. Lumbar MRI (15 Apr 2010) showed multilevel degenerative changes at the facets but no disc disease. Treatment has included physical therapy, epidural steroid injection (didn't help) and medications (Trazodone, Soma, Duragesic, Norco, Amitiza, Cymbalta, Brintellix, Fetzima, Lorazepam, Gabapentin, Alprazolam, Senokot, Voltaren Gel, Medrol, Protonix, Acidphex, Lidoderm patch, Ambien, Lunesta, Toradol, Robaxin, Flexeril). Her present medications to treat her industrial injury are Amitiza, Duragesic, Norco, and Lidoderm patch, Senokot-s, Alprazolam, Trazodone, Fetzima, Voltaren Gel and Flexeril.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 10mg #45: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for Pain).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47,Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 41-42, 63.

Decision rationale: Cyclobenzaprine (Flexeril) is classified as a sedating skeletal muscle relaxant. It is recommended to be used three times per day. This class of medications can be helpful in reducing pain and muscle tension thus increasing patient mobility. Muscle relaxants as a group, however, are recommended for short-term use only as their efficacy appears to diminish over time. In fact, studies have shown Cyclobenzaprine's greatest effect is in the first 4 days of treatment after which use may actually hinder return to functional activities. Muscle relaxants are considered no more effective at pain control than non-steroidal anti-inflammatory medication (NSAIDs) and there is no study that shows combination therapy of NSAIDs with muscle relaxants has a demonstrable benefit. This patient has been on muscle relaxant therapy for over 6 months. There are no present symptoms of muscle spasms or indications that these medications have improved patient's mobility or ability to return to work. Medical necessity for continued use of muscle relaxants (as a class) or Flexeril (specifically) has not been established. Therefore, the request is not medically necessary and appropriate.