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| Case Number: | CM14-0084324 | | |
| Date Assigned: | 09/18/2014 | Date of Injury: | 06/24/2008 |
| Decision Date: | 10/31/2014 | UR Denial Date: | 05/10/2014 |
| Priority: | Standard | Application Received: | 06/06/2014 |

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 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:

The injured worker is a 48 year old male with a date of injury on 6/24/2008. He complained of lower back pain, obesity, and depression. His sleep is interrupted by pain. Exam of lumbar/thoracic spine revealed positive tenderness in paralumbar musculature with positive muscle spasm, deep tendon reflexes 2+ bilaterally, and pain with full flexion in lumbar spine range of motion. There was tenderness over peroneal muscles and swelling, +2 pitting edema in the right anterior tibia. The electrodiagnostic studies done on 10/9/08, suggested mild left peroneal motor demyelination neuropathy and a delay in the right tibial H-reflex. This could be suggestive of S1 radiculopathy. He had a right knee arthroscopy. Current medications include cyclobenzaprine, diclofenac, omeprazole, tramadol, and ondansetron. He was refractory to medication therapy and chiropractic care and underwent an epidural steroid injection on 12/18/12 with significant relief, right lumbar sympathetic block on 4/2/13 with 100% relief, and right lumbar sympathetic radiofrequency ablation on 6/25/13 with minimal relief. Home aqua therapy helped him in weight reduction. His diagnoses included chronic low back pain, swelling of right leg, right foot chronic pain, ventral hernia, non-industrial. The request for cyclobenzaprine 7.5mg #90 was modified to cyclobenzaprine 7.5 mg, #60 on 05/08/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 7.5mg #90: Upheld

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

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

Decision rationale: Chronic Pain Medical Treatment Guidelines recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in workers with chronic low back pain. Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most low back pain cases, they show no benefit beyond non-steroidal anti-inflammatory drugs in pain and overall improvement. Also there is no additional benefit shown in combination with non-steroidal anti-inflammatory drugs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. Cyclobenzaprine is recommended as an option, using a short course. The medical records do not document the presence of substantial muscle spasm unresponsive to first line therapy. There is no evidence of any significant improvement in pain or function with continuous use. Chronic use of muscle relaxants is not recommended by the guidelines. Therefore, the request is not considered medically necessary.