

Case Number:	CM13-0058940		
Date Assigned:	12/30/2013	Date of Injury:	07/26/2013
Decision Date:	01/30/2015	UR Denial Date:	10/29/2013
Priority:	Standard	Application Received:	11/27/2013

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 Internal 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 injured worker (IW) is a 54-year-old woman with a date of injury of July 26, 2013. The mechanism of injury occurred when 4 boxes, weighting 36 pounds each, fell on the injured worker's back while working inside a cooler room. The IW has been diagnosed with back contusion. The IW has undergone 12 physical therapy sessions and is participating in a home exercise program. Pursuant t the progress note dated September 10, 2013, the IW complains of pain and stiffness over the neck, upper back and lower back with radicular symptoms to the left upper and lower extremities. Examination of the cervical-thoracic spine reveals positive Spurling's testing. There is tenderness over the paracervical trapezius. Examination of the thoraco-lumbosacral spine reveals parathoracic and paralumbar muscles are non-tender. Deep tendon reflexes are intact bilaterally at the knees and ankles. Current medications include Ibuprofen 200mg, Flexeril 10mg, Vicodin 5/325mg and BioFreeze muscle gel. The IW has been taking Flexeril since July 30, 2013, according to the Doctor's First Report with the same date. There are no detailed pain assessments or evidence of objective functional improvement associated with the long-term use of Flexeril (Cyclobenzaprine) 10mg. The current request is for Cyclobenzaprine 10mg #20.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Cyclobenzaprine: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 65-66. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, Muscle Relaxants

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, retrospective Cyclobenzaprine is not medically necessary. Muscle relaxants are recommended as a second line option for short-term (less than two weeks) present of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back. Efficacy appears to diminish over time and prolonged use may lead to dependence. In this case, the injured worker's working diagnoses are rotator cuff syndrome; lumbar sprain; fibromyositis; pain in thoracic spine; and disorder of lumbar disc. The date of injury is July 26, 2013. The physician's first report is dated July 30, 2013. Cyclobenzaprine was prescribed at that time. The documentation does not contain evidence of objective functional improvement through October 2013. Muscle relaxants are used to treat acute low back pain or an acute exacerbations in a patient with chronic low back pain. The treating physician exceeded the recommended guidelines of short-term (less than two weeks). Consequently, absent the appropriate clinical indication and clinical rationale for the continued use of Cyclobenzaprine, retrospective Cyclobenzaprine is not medically necessary.