

Case Number:	CM14-0165740		
Date Assigned:	11/18/2014	Date of Injury:	10/14/2012
Decision Date:	01/06/2015	UR Denial Date:	09/24/2014
Priority:	Standard	Application Received:	10/08/2014

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 Family Practice, has a subspecialty in Preventative 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:

This is a 60-year-old male claimant who sustained a work injury on October 15, 2012 involving the wrists neck and low back. He was diagnosed with cervical ridiculous, lumbar multilevel disc protrusions and subclinical carpal tunnel syndrome. His pain has been treated with anti-inflammatories and cyclobenzaprine from muscle relaxation. A progress note on September 12, 2014 indicated the claimant had 6- 10/10 pain. He had benefited from prior lumbar epidural steroid injections in May 2014. Exam findings were notable for tenderness to palpation in the lumbar spine is processes. A straight leg raise test was positive on the right side. He was continued on his anti-inflammatory medications along with Cyclobenzaprine. He had been on Cyclobenzaprine for at least 4 months.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine Hydrochloride 5mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine Page(s): 41. Decision based on Non-MTUS Citation Browning R, Jackson JL, O'Malley PG, Cyclobenzaprine and back pain: a meta-anaylsis, Arch Intern Med. 2010 Jul 9; 161(13): 1613-20

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63.

Decision rationale: According to the MTUS guidelines, Cyclobenzaprine (Flexeril) is more effective than placebo for back pain. It is recommended for short course therapy and has the greatest benefit in the first 4 days suggesting that shorter courses may be better. Those with fibromyalgia were 3 times more likely to report overall improvement, particularly sleep. Treatment should be brief. There is also a post-op use. The addition of cyclobenzaprine to other agents is not recommended. The claimant had been on Flexeril for a prolonged period with continued high level of pain. Long term and continued use of Flexeril is not medically necessary.