

Case Number:	CM14-0180843		
Date Assigned:	11/04/2014	Date of Injury:	11/05/2012
Decision Date:	01/26/2015	UR Denial Date:	10/01/2014
Priority:	Standard	Application Received:	10/29/2014

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 Physical Medicine Rehab, has a subspecialty in Interventional spine 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 patient is a 65-year-old male with an injury date of 11/05/12. Based on the 06/15/14 progress report, the patient complains of low back pain that radiates down his left leg and neck pain that radiates into the shoulders. Physical examination of the patient on 09/28/14 revealed mild lumbosacral tenderness with flexion to reach the floor. Per progress report on 06/15/14 patient was taking Diclofenac Sodium ER and Cyclobenzaprine; and rated pain at 5/10. Use of Cyclobenzaprine began since at least 12/13. Progress report dated 09/28/14 showed pain level of 8/10. Patient also has been using a TENS unit for home since 07/22/14 and there is documented relief of pain from this device. On 09/28/14, patient stated he did not want any more medications since the TENS unit was helping. Diagnosis 06/15/14- Status post traumatic fall- Cerebral contusion without intracranial wound, prolonged (more than 24 hours)- Shoulder joint pain- Lower back pain The utilization review determination being challenged is dated 10/01/14. The rationale is that the documentation provided did not establish the need for usage of Cyclobenzaprine for chronic complaints which CA MTUS guidelines advise against. Treatment reports were provided from 03/25/14 to 06/15/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for Cyclobenzaprine 7.5, #30 (DOS: 06-15-2014): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-66.

Decision rationale: Patient presents with low back pain that radiates down his left leg and neck pain that radiates into the shoulders. The request is for retrospective request for Cyclobenzaprine 7.5 #30 (DOS 6/15/14). Patient's diagnosis on 06/15/14 included status post traumatic fall; cerebral contusion without intracranial wound, prolonged (more than 24 hours); shoulder joint pain; and lower back pain. Physical examination of the patient on 09/28/14 revealed mild lumbosacral tenderness with flexion but no spasms. Patient's pain rating was 5/10 on 06/15/14 and 8/10 on 09/28/14. Patient also has been using a TENS unit for home since 07/22/14 and there is documented relief of pain from this device. On 09/28/14, patient stated he did not want any more medications since the TENS unit was helping. MTUS page 63-66 states: "Muscle relaxants (for pain): Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbation in patients with chronic LBP. The most commonly prescribed antispasmodic agents are Carisoprodol, Cyclobenzaprine, Metaxalone, and Methocarbamol, but despite their popularity, skeletal muscle relaxants should not be the primary drug class of choice for musculoskeletal conditions. Cyclobenzaprine (Flexeril, Amrix, Fexmid, generic available): Recommended for a short course of therapy."The provider has not provided reason for the request. No documented objective findings of spasms are noted in any of the progress notes. The documented improvement in the patient's condition is from TENS unit usage, not Cyclobenzaprine. Patient has been taking Cyclobenzaprine since at least December 2013, which is more than a year from the UR date of 10/01/14. MTUS only recommends short-term use (no more than 2-3 weeks) for sedating muscle relaxants. Furthermore, the request for quantity 30 does not indicate intended short-term use. Therefore the request is not medically necessary.