

Case Number:	CM14-0193517		
Date Assigned:	12/01/2014	Date of Injury:	06/12/2011
Decision Date:	07/01/2015	UR Denial Date:	11/13/2014
Priority:	Standard	Application Received:	11/18/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Maryland, Texas, Virginia

Certification(s)/Specialty: Internal Medicine, Allergy and Immunology, Rheumatology

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 68 year old female who sustained an industrial injury on 06/12/2011. Current diagnoses include rule out lumbar disc injury, rule out lumbar radiculopathy, protrusion C5-6 and C6-7, left shoulder impingement, and headache/head complaints, uncertain etiology. Previous treatments included medications, physical therapy, ice/heat, and home exercises. Report dated 10/17/2014 noted that the injured worker presented with complaints that included low back pain with lower extremity pain, compensatory right knee pain, cervical pain with upper extremity pain, and thoracic pain. Pain level was 7 out of 10 (low back), 6 out of 10 (cervical), and 7 out of 10 (thoracic) on a visual analog scale (VAS). Physical examination was positive for tenderness in the lumbar spine, decreased range of motion, cervical exam essentially unchanged, and tenderness in the thoracic spine. The treatment plan included awaiting responses for previous requested treatments which include a MRI of the lumbar spine, physical therapy, and acupuncture, request for a cane, dispensed tramadol ER, continue OTC ibuprofen, dispensed Cyclobenzaprine, prescribed Lidoderm patches, random urine drug screen was performed, and follow up in 3 weeks. The physician noted that the Cyclobenzaprine was provided for treatment of spasms. It was further noted that Cyclobenzaprine decreases spasm on an average of 5 hours, with improved range of motion, tolerance to exercise, and decrease in pain. The injured worker has failed prior treatments including moist heat, cold, TENS, activity modification, exercises, and stretching. Disputed treatments include Cyclobenzaprine.

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 Cyclobenzaprine (Flexeril) Page(s): 41, 78, and 112.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine, Medications for chronic pain, Antispasmodics Page(s): 41-42, 60-61, and 64-66. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Cyclobenzaprine (Flexeril) and Other Medical Treatment Guidelines UpToDate, Flexeril.

Decision rationale: MTUS Chronic Pain Medical Treatment states for Cyclobenzaprine, "Recommended as an option, using a short course of therapy. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better (Browning, 2001). Treatment should be brief." The medical documents indicate that patient is far in excess of the initial treatment window and period. Additionally, MTUS outlines that "Relief of pain with the use of medications is generally temporary, and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity. Before prescribing any medication for pain the following should occur: (1) determine the aim of use of the medication; (2) determine the potential benefits and adverse effects; (3) determine the patient's preference. Only one medication should be given at a time, and interventions that are active and passive should remain unchanged at the time of the medication change. A trial should be given for each individual medication. Analgesic medications should show effects within 1 to 3 days, and the analgesic effect of antidepressants should occur within 1 week. A record of pain and function with the medication should be recorded (Mens, 2005). Uptodate "Flexeril" also recommends "Do not use longer than 2-3 weeks." There is documentation of improved exercise tolerance and ROM, but the medical documents do not fully detail the components outlined in the guidelines above and do not establish the need for long term/chronic usage of cyclobenzaprine. ODG states regarding Cyclobenzaprine, "Recommended as an option, using a short course of therapy. The addition of Cyclobenzaprine to other agents is not recommended." The documentation states that that the patient has been using this medication in excess of the guidelines. Despite taking this medication, there is documentation on physical exam of lumbar spasm. As such, the request for Flexeril 7.5mg #60 is not medically necessary.