

Case Number:	CM14-0198557		
Date Assigned:	12/08/2014	Date of Injury:	02/13/1995
Decision Date:	03/12/2015	UR Denial Date:	11/19/2014
Priority:	Standard	Application Received:	11/25/2014

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: Pennsylvania
 Certification(s)/Specialty: Internal Medicine

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 59 year old male with a date of injury of 02/13/1995. He had a back injury from lifting a heavy trash can. He has weakness of his legs and uses a cane. He has been treated with physical therapy, medication, activity modification, acupuncture, TENS, massage, lumbar brace, whirlpool treatment and injections. On 03/06/2014 he had back pain that radiated to his right leg. He noted to have lower back spasms. He used a cane and back brace. Lumbar muscles were tender with some spasm in the lumbar muscles. Sensation and reflexes were intact. The diagnosis was lumbar disc disease and lumbar radiculopathy. Cyclobenzaprine was prescribed. On 5/6/14, 07/03/2014, 09/11/2014 and 11/11/14 he had similar findings, diagnoses and prescription for cyclobenzaprine. Work status at visits on 10/7/14 and 11/11/14 was noted to be temporary total disability. Magnetic resonance imaging of the cervical and lumbar spine was ordered. There was no documentation of specific result or functional improvement as a result of use of cyclobenzaprine. On 11/19/14, Utilization Review non-certified the request for cyclobenzaprine 7.5 mg #60, citing the CA MTUS and noting that the records show the drug was being used chronically and that guidelines do not recommend chronic use.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 7.5mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antispasmodics Page(s): 64.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 41-42, 63-66.

Decision rationale: Per the MTUS chronic pain medical treatment guidelines, cyclobenzaprine (Flexeril) is a skeletal muscle relaxant and a central nervous system depressant. It is recommended as an option for a short course of therapy, with greatest effect in the first four days of treatment. Guidelines state that treatment should be brief. Limited, mixed evidence does not allow for a recommendation for chronic use. The documentation submitted shows the injured worker has been prescribed flexeril for at least 8 months. The prescription is for long term use, given the amount requested. The treating physician reports do not discuss specific functional improvement resulting from use of cyclobenzaprine. The long term use of cyclobenzaprine and lack of documentation of functional improvement as a result of its use is not consistent with the MTUS guidelines. The request for cyclobenzaprine 7.5mg #60 is not medically necessary.