

Case Number:	CM14-0202842		
Date Assigned:	12/16/2014	Date of Injury:	12/27/1999
Decision Date:	02/05/2015	UR Denial Date:	11/05/2014
Priority:	Standard	Application Received:	12/04/2014

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 and Rehabilitation, 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 58 year old female with the injury date of 12/27/99. Per physician's report 03/10/14, the patient has back pain, radiating down right leg at 10/10 with medications. "Since she has been abruptly taken off Bupropion and Paroxetine, the patient experiences increased depression and suicidal ideation. She denies current suicidal ideation." The patient is currently Paxil, Wellbutrin, Zanaflex, Bisacodyl, Sebba-s, Miralax, Tegaderm dressing, Lidoderm patch, Duragesic patch, Neurontin, Oxycodone and Protonix. The patient failed Lyrica due to incontinence and Oxycodone due to shortness of breath. Urine drug screen performed on 02/20/14 shows consistent results. The patient is not currently working. The lists of diagnoses are:1) Post Lumbar laminectomy syndrome2) Hip bursitis3) Spinal/ lumbar DDD4) Low back pain5) Sacroiliac pain6) Myalgia and myositis nos right buttock / low back pain consistent with right greater trochanteric bursitis and sacroiliac pain"Despite recent denials, [the patient] is unable to wean medications at this time."Therefore, the treater requested all current medications. Per 02/20/14 progress report, the patient has low back pain at 10/10. The patient states that "medications are less effective. no new problem or side-effects." Per 01/21/14 progress report, the patient has less benefit from medications. No medication abuse is suspected. The utilization review determination being challenged is dated on 11/05/14. Treatment reports were provided from 02/12/13 to 03/10/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prospective Usage of Cyclobenzaprine 5 mg #60 with 1 Refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs.

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

Decision rationale: The patient presents with pain in her lower back and right leg. The patient is status post lumbar laminectomy. The request is for prospective usage of Cyclobenzaprine 5 mg #60 with 1 refill. The patient appears to have not tried Cyclobenzaprine in the past. MTUS guidelines pages 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 exacerbations 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. In this case, the treater does not indicate that this medication is to be used for a short term. MTUS guidelines allow no more than 2-3 weeks of muscle relaxants to address flare up's. On 11/05/14 the utilization review partially certified Cyclobenzaprine #20 "for initiation of downward titration and complete discontinuation of this medication, as longer than 2-3 weeks use is not supported." The request of Cyclobenzaprine #60 at this time is not medically necessary.