

Case Number:	CM14-0203732		
Date Assigned:	12/16/2014	Date of Injury:	12/16/2011
Decision Date:	02/06/2015	UR Denial Date:	12/02/2014
Priority:	Standard	Application Received:	12/05/2014

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 Pain 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:

The injured worker is a 51-year-old female, with a reported date of injury of 12/16/2011. The results of the injury were neck pain and back pain. The current diagnoses include lumbosacral sprain/strain, thoracic sprain/strain, and cervical sprain/strain. The past diagnoses include lumbosacral sprain, thoracic strain, and cervical strain. Treatments have included physical therapy; Flexeril for spasm; Tramadol for pain; Naprosyn for inflammation; cyclobenzaprine 7.5 mg, 2-3 times a week at bedtime for severe pain; a nerve conduction study of the bilateral lower extremities, with normal findings; an electromyography of the bilateral lower extremities, with normal findings; and transcutaneous electrical nerve stimulation (TENS) unit, which helped with muscle relaxation and increased range of motion. The progress report (PR-2) dated 07/02/2014 indicates that the injured worker had low back pain, and rated it a 5 out of 10. The pain was described as intermittent, but frequent, pressure, and worse with cold weather and activity. The pain radiated to the bilateral hips, with tiredness. The injured worker also had upper and mid back pain, and rated it a 5 out of 10. The pain was described as intermittent, but frequent, dull, and worse with cold weather and activity. There was occasional radiation to the bilateral shoulders, with a dull and tired feeling. The pain decreased to 5 out of 10 with medications, and increased to 10 out of 10 without medications. The treating provider recommended that the injured worker continue use of pain medications, including cyclobenzaprine. On 12/02/2014, Utilization Review (UR) denied the request for Cyclobenzaprine 7.5mg #60. The UR physician noted that the injured worker was using other pain medications, including opioids. The Chronic Pain Guidelines was cited and does not recommend adding cyclobenzaprine with the use of other pain medications.

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 Page(s): 41.

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

Decision rationale: Regarding the request for cyclobenzaprine (Flexeril), Chronic Pain Medical Treatment Guidelines support the use of non-sedating muscle relaxants to be used with caution as a 2nd line option for the short-term treatment of acute exacerbations of pain. Guidelines go on to state that cyclobenzaprine specifically is recommended for a short course of therapy. Within the documentation available for review, there is no identification of a specific analgesic benefit or objective functional improvement as a result of the cyclobenzaprine. Additionally, it does not appear that this medication is being prescribed for the short-term treatment of an acute exacerbation, as recommended by guidelines. Finally, there is no documentation of failure of first-line treatment options, as recommended by guidelines. In the absence of such documentation, the currently requested cyclobenzaprine (Flexeril) is not medically necessary.