MAXIMUS Federal Services

Case Number:	CM14-0207242		
Date Assigned:	12/19/2014	Date of Injury:	03/19/2003
Decision Date:	02/10/2015	UR Denial Date:	11/21/2014
Priority:	Standard	Application Received:	12/10/2014

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 Internal 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 (IW) is a 44-year-old woman with a date of injury of March 19, 2003. The mechanism of injury was not documented in the medical record. The injured worker's working diagnoses are chronic pain syndrome; constipation; opioid dependence; pain in thoracic spine postlaminectomy syndrome, lumbar; lumbar/lumbosacral disc degeneration; and lumbosacral neuritis. Past medical treatment have included acupuncture, discogram, epidural steroid injections, facet joint injections, heat treatments, ice treatments, massage therapy, occipital nerve block, physical therapy, spinal cord stimulator trial, and implant, trigger point injections, TENS unit, and medications.Pursuant to the progress note dated November 24, 2014, the IW present with increased lumbar spine and right buttocks pain. She reports 80% pain relief from Duragesic patch, and Percocet helps at 75% for breakthrough pain. Pain is describes as aching, burning, numb, sharp, and shooting. Examination of the lumbar spine reveals tenderness to palpation over the right lumbar facets, left lumbar facets, right thoracic facets, and left thoracic facet. She has right and left paravertebral thoracic spasm. Straight leg raise test is negative in the seated position. Gait is antalgic. Current medications include Percocet 10/325mg, Duragesic 25mcg/hr, Wellbutrin XL 150mg, Naproxen 375mg, Lyrica 150mg, Flexeril 10mg, and Lidoderm 5% patch. Documentation indicated the IW has been taking Flexeril 10mg since October 21, 2013. There is no evidence of objective functional improvement associated with the long-term use of Flexeril. The treatment plan is to continue current medications. The IW signed and agrees to the opiate contract. The current request is for Cyclobenzaprine (Flexeril) 10mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 10mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Flexeril (Cyclobenzaprine) Page(s): 41-42. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 65-66. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, Muscle Relaxants

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Cyclobenzaprine 10 mg # 60 is not medically necessary. Muscle relaxants are recommended as a second line option for short-term (less than two weeks) treatment of acute low back pain and short-term treatment of acute exacerbations in chronic low back pain. Efficacy appears to diminish over time and prolonged use may lead to dependence. In this case, the injured worker's working diagnoses are chronic pain syndrome; constipation; opiate dependence; pain and thoracic spine; post laminectomy syndrome lumbar; lumbosacral disc degenerative disease; and lumbosacral neuritis. The documentation indicates the injured worker has been taking cyclobenzaprine since October 3, 2013. Subsequent documentation does not contain any entries regarding efficacy or objective functional improvement. Cyclobenzaprine is indicated for short-term, less than two weeks, treatment. The worker is taking cyclobenzaprine for greater than 12 months. There is no compelling clinical facts support the ongoing use of cyclobenzaprine. Consequently, absent the appropriate clinical indications/rationale and documentation with evidence to support the ongoing use of cyclobenzaprine, is not medically necessary.