

Case Number:	CM15-0001707		
Date Assigned:	01/13/2015	Date of Injury:	12/05/2013
Decision Date:	04/09/2015	UR Denial Date:	12/11/2014
Priority:	Standard	Application Received:	01/05/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 55-year-old male sustained a work related injury on 12/15/2013. According to a progress report dated 11/05/2014, the injured worker complained of low back pain with lower extremity symptoms rated a 7 on a scale of 0-10. Right knee pain was rated 6 and left knee pain was rated 5. He also complained of anterior chest wall with pain. According to the provider, Cyclobenzaprine facilitated significant decrease in spasm for an average of 5 hours with improved range of motion and resultant decrease in pain. With Cyclobenzaprine, pain was decreased 3 additional points on a scale of 10 with examples of objective improvement with this medication provided. Diagnoses included status post right knee arthroscopy, rule out left knee internal derangement/meniscal pathology rule out right lumbar radiculopathy, left chest wall injury with multiple fractures and right inguinal hernia. On 12/11/2014, Utilization Review certified Hydrocodone 10/325mg one by mouth twice a day - three times a day #60, Tramadol ER 150mg Two by mouth every day #60, Naproxen Sodium 550mg one by mouth three times a day #90 and Pantoprazole 20mg one by mouth three times a day #90 and non-certified Cyclobenzaprine 7.5mg one by mouth three times a day as needed for spasm #90. In regards to Cyclobenzaprine, there was no documentation of significant change in VAS score, pain relief, or objective improvement in function noted to warrant continued use. Official Disability Guidelines were cited for this review. The decision was appealed for an Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 7.5mg one PO tid prn spasm #90: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

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

Decision rationale: The patient presents with pain and weakness in his lower back, knees and lower extremity. The request is for CYCLOBENZAPRINE 7.5mg #90. The patient is currently taking Tramadol ER, Naproxen, Pantoprazole and Cyclobenzaprine. The patient has been utilizing Cyclobenzaprine since at least 07/09/14. Per 11/05/14 progress report, "Cyclobenzaprine significantly decreases spasm with resultant increase in activity level and exercise level as well as range of motion, documented and per patient account today." Antispasmodic dose facilitate an additional 3 point average "on scale of 10" decrease in pain. Degree of spasm dose parallel pain level therefore this medication has been quite efficacious for spasm and pain. Denies any side effects including lethargy, cognitive, or otherwise. MTUS guidelines page 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 provides the documentation of this medication's efficacy. However, the treater does not indicate that this medication is to be used for a short-term and there is no documentation of any flare-up's. The patient has been utilizing this muscle relaxant more than 5 months. MTUS guidelines allow no more than 2-3 weeks of muscle relaxants to address flare up's. The request of Cyclobenzaprine IS NOT medically necessary.