

Case Number:	CM15-0134410		
Date Assigned:	07/22/2015	Date of Injury:	12/26/2012
Decision Date:	08/26/2015	UR Denial Date:	06/18/2015
Priority:	Standard	Application Received:	07/13/2015

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:

The injured worker (IW) is a 46-year-old male who sustained an industrial injury on 12/26/2012. The mechanism of injury and initial report of injury are not found in the records reviewed. The injured worker was diagnosed as having aggravation of pre-existing injury of the lumbar spine due to injury of 12/26/2012; bilateral S1 radiculopathy; chronic myofascial pain syndrome thoracolumbar spine, moderate to severe; and major depression with insomnia. Treatment to date has included medication, exercises at home and in a pool, steroid epidural injections, and relaxation techniques. The worker has had MRI of the lumbar spine (08/04/2014), and x-rays of the lumbar spine 07/21/2014. Currently, the injured worker complains of frequent pain and numbness in his legs as well as constant upper and lower back pain that has ranged from an 8-9 on a scale of 0-10 without medications. His medications include Tramadol HCL ER, Cyclobenzaprine, Gabapentin, and Wellbutrin. His pain has improved 60-70% overall with his current medications which reduce his pain to a 2-3 level. He has noted severe difficulty sleeping without the medications and feels moderately depressed. The treatment plan includes continuation of medications, and continuation of home stretching exercises and medications. A request for authorization was made for Cyclobenzaprine 7.5mg #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 7.5mg #90: Upheld

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

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

Decision rationale: Based on the 04/13/15 progress report provided by treating physician, the patient presents with constant lower back pain rated 8/10 without medications. He says he has pain and numbness in his bilateral lower extremities. The request is for CYCLOBENZAPRINE 7.5MG #90. The Request for Authorization form is dated 04/13/15. MRI of the lumbar spine, 08/04/14, shows L5-S1: 3 mm posterior disc bulge with compromise of the exiting right nerve root and arthritic changes in the facet joints. Physical examination reveals range of motion of the thoracic and lumbar spine was slight-to-moderately restricted in all planes. There were multiple myofascial trigger points and taut bands noted throughout the thoracic and lumbar paraspinal musculature as well as in the gluteal muscles. He indicates he has been getting greater than 60-80% improvement in both his pain and ability to function with his current medications, which decrease his pain to 2-3/10 and allows him to perform activities of daily living with less discomfort. MTUS pg 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 exacerbation 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." Per progress report dated 04/13/15, treater's reason for the request is "for 6 weeks for muscle spasms (short term per MTUS)." However, MTUS only recommends short-term use (no more than 2-3 weeks) for sedating muscle relaxants. In this case, the patient has been prescribed Cyclobenzaprine since at least 12/04/14. The request for additional Cyclobenzaprine #90 would exceed MTUS recommendation and does not indicate intended short-term use. Therefore, the request is not medically necessary.