

Case Number:	CM15-0140641		
Date Assigned:	08/05/2015	Date of Injury:	03/30/2015
Decision Date:	09/29/2015	UR Denial Date:	06/26/2015
Priority:	Standard	Application Received:	07/20/2015

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: Preventive Medicine, Occupational Medicine

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 58 year old male who sustained an industrial injury on 03-30-2015. He has reported subsequent neck and back pain and was diagnosed with cervical, thoracic and lumbar strain, rule out herniated nucleus pulposus. He continues to work full duty. X-rays showed hyperkyphosis of the thoracic spine and C4-C7 spondylosis. Treatment to date has included medication. The only medical documentation submitted consists of a doctor's first report of illness or injury dated 06-10-2015. At this time, the injured worker reported mid, low back and neck pain. Medications included tramadol, Flexmid and Anaprox DS. Objective findings were notable for decreased cervical and lumbar range of motion and hyperkyphosis of the thoracic spine. Work status was documented as full duty. A request for authorization of Flexmid (Cyclobenzaprine) 7.5 mg 1 tablet TID #60 was submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Flexmid (Cyclobenzaprine) 7.5mg 1 tablet TID #60: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain, Online Version, Muscle relaxants (for pain).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47, Chronic Pain Treatment Guidelines Cyclobenzaprine; Muscle relaxants (for pain) Page(s): 41-2, 63-66.

Decision rationale: Cyclobenzaprine (Fexmid) is classified as a sedating skeletal muscle relaxant. It is recommended to be used three times per day. This class of medications can be helpful in reducing pain and muscle tension thus increasing patient mobility. Muscle relaxants as a group, however, are recommended for short-term use only as their efficacy appears to diminish over time. In fact, studies have shown cyclobenzaprine's greatest effect is in the first 4 days of treatment after which use may actually hinder return to functional activities. Muscle relaxants are considered no more effective at pain control than non-steroidal anti-inflammatory medication (NSAIDs) and there is no study that shows combination therapy of NSAIDs with muscle relaxants has a demonstrable benefit. This patient has been on muscle relaxant therapy for over 1 month. There are no present symptoms of muscle spasms or indications that these medications have improved patient's mobility or ability to return to work. The request for continued use of cyclobenzaprine is not medically necessary and has not been established.