

Case Number:	CM15-0144398		
Date Assigned:	08/05/2015	Date of Injury:	04/26/2002
Decision Date:	08/31/2015	UR Denial Date:	07/01/2015
Priority:	Standard	Application Received:	07/24/2015

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: New Jersey, Alabama, California
 Certification(s)/Specialty: Neurology, Neuromuscular 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:

This 64 year old male sustained an industrial injury on 4-26-02. He subsequently reported neck and back pain. Diagnoses include cervical disc displacement, lumbar disc displacement, cervical and lumbar radiculopathy. Treatments to date include MRI testing, physical therapy, modified work duty and prescription pain medications. The injured worker continues to experience low back pain that radiates to the bilateral lower extremities and upper back pain that radiates to the bilateral upper extremities. There are also complaints of pain in bilateral hip and knees. Upon examination of the lumbar spine, there is tenderness to palpation over the lumbar paraspinal musculature. There is decreased range of motion secondary to stiffness. Supine straight leg raise is positive at 20 degrees bilaterally. The examination of the bilateral hips reveals tenderness to palpation over the bilateral sacroiliac joints. FABERE and Patrick's tests are positive. The cervical spine examination reveals tenderness to palpation over the cervical paraspinal musculature. Range of motion is reduced due to pain and stiffness. A request for 1 prescription of Fexmid (Cyclobenzaprine) 7.5mg #120 was made by the treating physician.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Fexmid (Cyclobenzaprine) 7.5mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: The MTUS for Chronic Pain does not recommend muscle relaxants for chronic pain. According to MTUS guidelines, non-sedating muscle relaxants, is recommended with caution as a second line option for short-term treatment of acute exacerbations in patients with chronic spasm and pain. Efficacy appears to diminish over time and prolonged use may cause dependence. According to MTUS guidelines, "Cyclobenzaprine (Flexeril, Amrix, Fexmid, generic available): Recommended for a short course of therapy. Limited, mixed-evidence does not allow for a recommendation for chronic use. Cyclobenzaprine is a skeletal muscle relaxant and a central nervous system depressant with similar effects to tricyclic antidepressants (e.g. Amitriptyline). Cyclobenzaprine is more effective than placebo in the management of back pain, although the effect is modest and comes at the price of adverse effects. The greatest effect appears to be in the first 4 days of treatment." The muscle relaxant prescribed in this case is sedating. This injured worker has chronic pain with no evidence of prescribing for flare-ups. There is no recent evidence of pain flare or spasm and the prolonged use of Fexmid is not justified. There is no evidence of pain and functional improvement with previous use of Fexmid. Therefore, the request for authorization of 1 prescription of Fexmid (Cyclobenzaprine) 7.5mg #120 is not medically necessary.