

Case Number:	CM15-0167518		
Date Assigned:	09/08/2015	Date of Injury:	10/23/1997
Decision Date:	10/09/2015	UR Denial Date:	08/19/2015
Priority:	Standard	Application Received:	08/25/2015

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 is a 60 year old female, who sustained an industrial injury on 10-23-1997. The injured worker was diagnosed as having reflex sympathetic dystrophy of the lower limb, unspecified laterality. Treatment to date has included diagnostics, spinal cord stimulator, and medications. Currently (8-12-2015), the injured worker complains of low back pain with extension to the left thigh, down to the knee. Pain was rated 5 out of 10 with medication use and 9-10 without. She stated that the pain regimen and spinal cord stimulator continued to control her pain. She was currently not working due to a layoff and work status was permanent and stationary. Urine toxicology (12-04-2014) was documented as positive for TCA and negative for all other tested substances. Current medications included Elavil, Nexium, Flexeril, Mobic, Robaxin, Phenergan, and Norco. Exam noted spasm over the lower lumbar vertebral muscles bilaterally. It was documented that Zanaflex allowed her muscles to relax in the evening, but it did seem to help as much as it did prior. The treatment plan included Flexeril, twice daily as needed for muscle spasms. Previous progress reports noted the use of muscle relaxants (Zanaflex) since at least 2-2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine HCL 10mg QTY: 45: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Cyclobenzaprine (Flexeril).

Decision rationale: The patient presents on 08/12/15 with lower back pain rated 5/10 which radiates into the left lower extremity, abdominal pain and bloating. The patient's date of injury is 10/23/97. Patient is status post spinal cord stimulator implantation. The request is for CYCLOBENZAPRINE HCL 10MG QTY 45. The RFA is dated 08/26/15. Physical examination dated 08/12/15 reveals diffuse tenderness to palpation of the lumbar spine with spasms noted bilaterally. The patient is currently prescribed Elavil, Nexium, Flexeril, Robaxin, Phenergan, Vibramycin, Vagifem, Zithromax, and Norco. Patient is currently not working. MTUS Guidelines, Cyclobenzaprine section, page 64 states: "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) This medication is not recommended to be used for longer than 2-3 weeks." In regard to the request for Cyclobenzaprine, the provider has specified an excessive duration of therapy and has not provided a rationale as to why this patient requires concurrent utilization of two muscle relaxants. This appears to be the initiating prescription of Flexeril, however she is noted to be taking Zanaflex since at least February 2015. Guidelines indicate that muscle relaxants such as Cyclobenzaprine are considered appropriate for acute exacerbations of pain/spasm. However, MTUS Guidelines do not recommend use for longer than 2 to 3 weeks, the requested 45 tablets does not imply the intent to utilize this medication short term. Furthermore, while this patient reports some reduced efficacy of her Zanaflex per 08/12/15 progress note, no further rationale is provided as to why concurrent utilization of two muscle relaxants is necessary for this patient. There is no discussion of an acute flare-up in this patient's symptoms, or a stated intent to utilize this medication short term. Therefore, the request IS NOT medically necessary.