

Case Number:	CM15-0181214		
Date Assigned:	09/22/2015	Date of Injury:	06/04/2011
Decision Date:	11/03/2015	UR Denial Date:	08/14/2015
Priority:	Standard	Application Received:	09/15/2015

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, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, Pain Management

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 56 year old female with an industrial injury dated 06-04-2011. Medical record review indicates she is being treated for displacement lumbar intervertebral disc without myelopathy, lumbago, unspecified mononeuritis of lower limb, chronic pain due to trauma and chronic post-operative pain. In the progress note dated 07-14-2015 the injured worker reports pain radiating to the back and left leg. The average pain rating was 7 out of 10 and also rated as 7 out of 10 at the visit. The pain was described as "aching, numbness, sharp, stabbing and tingling." The treating physician documents greater than 30% relief with the current maintenance pharmacological regimen. Her medications included Venlafaxine ER, Benazepril, Iron, Multi vitamins, Naproxen and Omeprazole. Medications tried in the past are documented as Norco, Naproxen, Oxycodone, Ibuprofen and Gabapentin. "She states nothing has helped her with her pain." The progress note dated 06-15-2015 noted the injured worker had a trial of Lyrica and Nucynta and "this combination did not help manage her pain." Physical examination is documented as "Patient is in mild distress." Prior treatments are documented as physical therapy, medications, epidural steroid injections, and acupuncture. The treatment plan included Tramadol, Cyclobenzaprine (for nighttime spasm as a result of back-groin pain from her injury), physical therapy, and psychological evaluation. The treatment request is for Cyclobenzaprine 7.5 mg # 90. On 08-14-2015, the request for Cyclobenzaprine 7.5 mg # 90 was modified to Cyclobenzaprine 7.5 mg # 60.

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 Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

Decision rationale: With regard to muscle relaxants, the MTUS CPMTG states: "Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. (Chou, 2007) (Mens, 2005) (Van Tulder, 1998) (van Tulder, 2003) (van Tulder, 2006) (Schnitzer, 2004) (See, 2008) Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement." Regarding Cyclobenzaprine: "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." Per p41 of the MTUS guidelines, the effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. Treatment is recommended for the treatment of acute spasm limited to a maximum of 2-3 weeks. UDS that evaluate for cyclobenzaprine can provide additional data on whether the injured worker is compliant, however in this case there is no UDS testing for cyclobenzaprine. The documentation submitted for review indicates that the injured worker has been using this medication long-term. There is no documentation of the patients' specific functional level or percent improvement with treatment with cyclobenzaprine. As it is recommended only for short-term use, medical necessity cannot be affirmed. Therefore, the request is not medically necessary.