

Case Number:	CM15-0183490		
Date Assigned:	09/24/2015	Date of Injury:	02/05/2015
Decision Date:	10/29/2015	UR Denial Date:	08/17/2015
Priority:	Standard	Application Received:	09/17/2015

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: Family Practice

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 62 year old male, who sustained an industrial injury on 2-5-2015. He reported low back pain from lifting activity. Diagnoses include cervical and thoraco-lumbar sprain-strain, history of herniated disc at cervical and lumbar spines. The lumbar spine MRI dated 3-25-15, revealed lumbar spondylolisthesis with mild central stenosis. Treatments to date include modified activity, medication therapy, physical therapy, TENS unit, and epidural steroid injections. Currently, he complained of ongoing pain in the neck, low back and hip. Pain was rated 9 out of 10 VAS without medication and 7 out of 10 VAS with medications. Medications were noted to improve symptoms and increased the level of function during activities. The medical records documented that an opioid agreement was signed on 5-19-15, with medication previously prescribed including Norco and Flexeril. On 6-10-15, the physical examination documented an antalgic gait with use of a cane. There was cervical tenderness, muscle spasm and decreased range of motion. The lumbar spine was tender with muscle spasms and decreased range of motion. The record documented tenderness in bilateral hips and decreased range of motion. The plan of care included continuation of medication therapy, physical therapy, acupuncture treatments, and nerve conduction studies. The appeal requested authorization for Cyclobenzaprine 7.5mg, #30 from date of service 6-15-15. The Utilization Review dated 8-17-15, denied the request stating, "cyclobenzaprine is not recommended for long-term treatment" per California Medical Treatment Utilization Schedule (MTUS) Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Cyclobenzaprine 7.5mg quantity 60, 30 days supply DOS 6-15-15: 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 MTUS/Chronic Pain Medical Treatment Guidelines comment on the use of cyclobenzaprine as a treatment modality. Cyclobenzaprine is recommended as an option, using a short course of therapy. Cyclobenzaprine (Flexeril) is more effective than placebo in the management of back pain; the effect is modest and comes at the price of greater adverse effects. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. Treatment should be brief. In this case, the medical records indicate that cyclobenzaprine is being used as a long-term treatment strategy for this patient's symptoms. As noted in the above-cited MTUS guidelines, only short-term use is recommended. There is no evidence in the records to support the efficacy of cyclobenzaprine for long-term use. For this reason, cyclobenzaprine is not medically necessary.