MAXIMUS Federal Services

Case Number:	CM15-0186887		
Date Assigned:	09/28/2015	Date of Injury:	01/07/2015
Decision Date:	11/06/2015	UR Denial Date:	08/29/2015
Priority:	Standard	Application Received:	09/22/2015

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: Montana, Oregon, Idaho
Certification(s)/Specialty: Orthopedic Surgery

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 29 year old male who sustained an industrial injury 01-07-15. A review of the medical records reveals the injured worker is undergoing treatment for cervical myalgia, myospasm, radiculitis and neuritis; thoracic myalgia, myospasm, lumbago, lumbar myalgia, myospasm, radiculitis-neuritis. Medical records (08-11-15) reveal the injured worker complains of intermittent low back, buttocks, leg and left hip pain, neck pain, and mid back pain. Pain is rated 3-4/10 at rest and 7-8 with activities. The physical exam (08-11-15) reveals decreased range of motion in the lumbar spine, with tenderness, guarding, and spasm in the paravertebral regions as well as tenderness over the sciatic notch and glutei bilaterally. Decreased motor strength was noted at L4 and L5 dermatomes. Right grip strength was diminished as compared with the left, with upper and lower extremity strength virtually equal. Prior treatment includes physical therapy, acupuncture, and medications. The original utilization review (08-11-15) non certified the request for cyclobenzaprine 7.5mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 7.5mg #60: Overturned

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: CA MTUS Chronic Pain Medical Treatment Guidelines, pages 64-65, reports that muscle relaxants are recommended to decrease muscle spasm in conditions such as low back pain although it appears that these medications are often used for the treatment of musculoskeletal conditions whether spasm is present or not. The mechanism of action for most of these agents is not known. CA MTUS Chronic Pain Medical Treatment Guidelines, page 41 and 42, report that Cyclobenzaprine, is recommended as an option, using a short course of therapy. See Medications for chronic pain for other preferred options. 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. (Browning, 2001) Treatment should be brief. There is also a post-op use. The addition of cyclobenzaprine to other agents is not recommended. In this case, the clinical note from 8/11/15 shows there is evidence of significant lumbar paravertebral spasms on exam. There is no documentation of a prior trial of muscle relaxants, and there is no documentation that the worker is taking other analgesics. In this case, the guidelines for a trial of cyclobenzaprine have been met and the request for cyclobenzaprine is medically necessary.