

Case Number:	CM15-0194897		
Date Assigned:	10/08/2015	Date of Injury:	12/06/2007
Decision Date:	11/23/2015	UR Denial Date:	09/10/2015
Priority:	Standard	Application Received:	10/05/2015

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 66 year old female, who sustained an industrial injury on 12-06-2007. The injured worker is being treated for lumbar degenerative disc disease, low back pain, radiculopathy and spasm of muscle. Treatment to date has included diagnostics and medications. Per the most recent submitted medical records, the Primary Treating Physician's Progress Report dated 5-28-2015, the injured worker presented for follow-up. She reported her pain without medications as 9 out of 10 with no new problems or side effects. Current medications included Clonazepam, Cymbalta, Percocet, Celebrex and Percocet. Objective findings of the lumbar spine included range of motion restricted with flexion limited to 60 degrees limited by pain and extension limited to 10 degrees by pain. On palpation, paravertebral muscles, tenderness and tight muscle band was noted on both sides. Work status was full time. The plan of care included continuation of medications and follow up care. There is no documentation regarding adding Cyclobenzaprine. Authorization was requested for Norco 10-325mg #90 and Cyclobenzaprine 5mg #60. On 9-10-2015, Utilization Review non-certified the request for Cyclobenzaprine 5mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 5mg tablet, 1 BID PRN #60: Upheld

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

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. The patient is not being treated for an acute exacerbation of chronic back pain, so the requested treatment is not medically necessary.