

Case Number:	CM15-0196117		
Date Assigned:	10/12/2015	Date of Injury:	02/16/2015
Decision Date:	11/19/2015	UR Denial Date:	09/29/2015
Priority:	Standard	Application Received:	10/06/2015

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, Oregon, Washington
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 52 year old male, who sustained an industrial injury on 2-16-15. The injured worker was diagnosed as having headache, right wrist sprain, left hip sprain and loss of sleep. Medical records (6-16-15 through 8-13-15) indicated 7-9 out of 10 pain without medications and 0-5 out of 10 pain with medications. The physical exam (7-14-15 through 8-13-15) revealed tenderness to palpation in the right wrist and left hip. As of the PR2 dated 9-10-15, the injured worker reports pain in his head, right wrist and left hip. He rates his pain 5-9 out of 10 without medications and 0-8 out of 10 with medications. Objective findings include tenderness to palpation in the right wrist and left hip. Current medications include Anaprox, topical compound cream and Cyclobenzaprine (since at least 6-16-15). Treatment to date has included physical therapy (number of sessions not provided) and Tramadol-APAP. The treating physician requested Cyclobenzaprine 7.5mg #60. The Utilization Review dated 9-29-15, modified the request for Cyclobenzaprine 7.5mg #60 to Cyclobenzaprine 7.5mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 7.5mg #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: CA MTUS Chronic Pain Medical Treatment Guidelines, pages 64-65, reports that muscle relaxants are recommended to decrease muscle spasm in condition 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. This medication is not recommended to be used for longer than 2-3 weeks and is typically used postoperatively. The addition of cyclobenzaprine to other agents is not medically necessary.