

Case Number:	CM15-0196409		
Date Assigned:	10/12/2015	Date of Injury:	02/04/2015
Decision Date:	12/01/2015	UR Denial Date:	09/25/2015
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:

This is a 34 year old male who sustained a work-related injury on 2-4-15. Medical record documentation on 9-15-15 revealed the injured worker was being treated for pain in the joint of the lower leg, lumbago, thoracic or lumbosacral neuritis or radiculitis, myalgia and myositis, and sprain-strain of the lumbar region. He reported low back pain, right knee pain and pelvic pain. He rated his pain an 8 on a 10-point scale and described his pain as moderate to severe. His condition was associated with cramps, muscle spasms, numbness in the right lower extremity and tingling and weakness. His pain was relieved with heat, medications and rest. He reported that his medications were helping. He used cyclobenzaprine for night spasms and cramps. His medication regimen included cyclobenzaprine 7.5 mg (since at least 6-18-15), Lidopro 4% ointment, Lunesta 1 mg, Naproxen Sodium 550 mg, Pantoprazole Sodium DR 20 mg and Senna Laxative. Objective findings included a restricted lumbar spine range of motion with flexion limited to 20 degrees by pain, extension limited to 0 degrees by pain, bilateral lateral bending limited to 10 degrees by pain. He had tenderness to palpation over the T10 spinous process and the lumbar paravertebral muscles bilaterally. He had a tight muscle band of the bilateral lumbar paravertebral muscles and spinous process tenderness at L4-5. Lumbar facet loading was positive bilaterally and straight leg raise was positive on the left side. Previous treatment included orthotics and physical therapy. A request for cyclobenzaprine 7.5 mg #60 was received on 9-16-15. On 9-25-15, the Utilization Review physician determined cyclobenzaprine 7.5 mg #60 was not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 7.5mg quantity 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Cyclobenzaprine (Flexeril).

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

Decision rationale: According to the CA MTUS, Chronic Pain Medical Treatment Guidelines, Cyclobenzaprine, pages 41-42 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. (Browning, 2001) Treatment should be brief. There is also a post-op use. The addition of cyclobenzaprine to other agents is not recommended. 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 recommended. In this case there is no evidence of muscle spasms on review of the medical records from 9/15/15. There is no evidence of functional improvement, a quantitative assessment on how this medication helps percentage of relief lasts, increase in function, or increase in activity. Therefore chronic usage is not supported by the guidelines. There is no indication for the prolonged use of a muscle relaxant. Thus the recommendation is for non-certification not medically necessary.