

Case Number:	CM15-0201667		
Date Assigned:	10/16/2015	Date of Injury:	08/01/2012
Decision Date:	11/25/2015	UR Denial Date:	09/29/2015
Priority:	Standard	Application Received:	10/13/2015

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 37 year old female, who sustained an industrial injury on August 1, 2012. She reported injury to her right ankle, lower back and right hip. The injured worker was currently diagnosed as rule out internal derangement of right hip and status post right ankle surgery (05-09-2013). Treatment to date has included diagnostic studies, surgery and medication. On August 27, 2015, the injured worker complained of right ankle pain rated a 7 on a 1-10 pain scale. She complained of "tight right ankle." She was noted to be status post remote right ankle surgery. The injured worker reported to have initial improvement but her condition was worsening and range of motion continued to decline. Her medication was reported to facilitate maintenance of activities of daily living. Her spasms were noted to be refractory to activity modification, stretching, heat, physical therapy and home exercise. Cyclobenzaprine decreased spasms for approximately 4-6 hours, facilitating marked improvement in range of motion, tolerance to exercise and additional decrease in overall pain level average 3-4 points on a 1-10 pain scale. Physical examination revealed diffuse tenderness and swelling of the right ankle. The treatment plan included shockwave therapy, physical therapy, tramadol ER, naproxen sodium, pantoprazole, cyclobenzaprine, urine toxicology screen and a follow-up visit. On September 29, 2015, utilization review denied a retrospective request for Cyclobenzaprine 7.5mg #90 for date of service 08-27-2015. A retrospective request for Tramadol 150mg #60, Naproxen 550mg #90 and Pantoprazole 20mg #90 for date of service 08-27-2015 was authorized.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Cyclobenzaprine 7.5mg #90 for DOS 8/27/15: 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): Cyclobenzaprine (Flexeril).

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 recommended. In this case, there is no evidence of muscle spasms on review of the medical records from 8/27/15. In addition, there is no indication for the prolonged use of a muscle relaxant. Thus, the request is not medically necessary.