MAXIMUS Federal Services

Case Number:	CM15-0203864		
Date Assigned:	10/20/2015	Date of Injury:	10/09/1999
Decision Date:	12/03/2015	UR Denial Date:	09/14/2015
Priority:	Standard	Application Received:	10/16/2015

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
Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 62 year old male sustained an industrial injury on 10-9-99. Documentation indicated that the injured worker was receiving treatment for chronic neck and back pain with lumbar disc displacement and spondylosis. Recent treatment consisted of medication management and a sacroiliac joint injection (2-10-15). In a visit note dated 9-1-15, the injured worker complained of ongoing low back pain, rated 8 to 9 out of 10 on the visual analog scale without medications and 3 to 4 out of 10 with medications. The injured worker reported that medications helped to reduce his pain and allowed him to exercise with yoga and walking and perform activities of daily living. The injured worker stated that he had been trying to wean down on Norco and was now using two tablets per day instead of three. Physical exam was remarkable for lumbar spine with spasm, guarding and positive right straight leg raise. The physician noted that the injured worker's most recent urine drug screen was consistent with prescribed medications. The treatment plan included discontinuing Norflex, a new prescription for Cyclobenzaprine and continuing medications (Norco, Capsaicin, Omeprazole, Opana ER and Celebrex). On 9-14-15, Utilization Review modified a request for Cyclobenzaprine-Flexeril 7.5mg #90 to Cyclobenzaprine-Flexeril 7.5mg #45.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine-Flexeril 7.5mg #90: 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): Muscle relaxants (for pain), Cyclobenzaprine (Flexeril).

Decision rationale: Cyclobenzaprine is recommended by the MTUS Guidelines for short periods with acute exacerbations, but not for chronic or extended use. These guidelines report that the effect of cyclobenzaprine is greatest in the first four days of treatment. Cyclobenzaprine is associated with drowsiness and dizziness. Chronic use of cyclobenzaprine may cause dependence, and sudden discontinuation may result in withdrawal symptoms. Discontinuation should include a tapering dose to decrease withdrawal symptoms. In this case, there is evidence of an acute exacerbation of muscle spasm. However, this request for 90 tablets of cyclobenzaprine does not imply short-term treatment. The request for Cyclobenzaprine-Flexeril 7.5mg #90 is determined to not be medically necessary.