

Case Number:	CM15-0209828		
Date Assigned:	10/28/2015	Date of Injury:	10/18/2007
Decision Date:	12/10/2015	UR Denial Date:	10/06/2015
Priority:	Standard	Application Received:	10/26/2015

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:

The injured worker is a 45 year old female who sustained an industrial injury on 10-18-07. The medical records indicate that the injured worker has been treated for lumbosacral radiculopathy; anxiety; sleep disturbance; morbid obesity; temporomandibular joint disorder; cervical radiculopathy. The current (7-15-15) physical exam revealed the cervical spine with muscle tenderness and spasm with restricted range of motion and normal deep tendon reflexes; lumbar spine muscle tenderness and spasm with restricted range of motion and normal deep tendon reflexes; the right hip revealed greater trochanteric tenderness to palpation with restricted range of motion. The 6-16-15 progress note indicates "the muscle relaxants are not working for her. We will prescribe a different muscle relaxant today". The note indicated that the injured worker was on cyclobenzaprine. The 6-16-15 physical exam was unchanged from the 7-15-15 exam. Treatments to date include medication: meloxicam, Lidoderm 5% Patch, cyclobenzaprine (since at least 6-16-15), omeprazole, beta carotene, Biotin; chiropractic treatments with benefit. The request for authorization dated 7-15-15 was for cyclobenzaprine 10mg with 2 refills. On 10-6-15 Utilization Review non-certified the request for cyclobenzaprine 10mg with 2 refills (7-15-15).

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine HCL, 10mg refills 2 Rx: 7/15/15: 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: 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. In this case, the injured worker is noted to have muscle spasms on physical examination. Cyclobenzaprine has been prescribed since July-2015. There is no indication that the medication has helped relieve the spasms and chronic use is not supported. Additionally, this request with 2 refills implies continued intent for chronic use. 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. This request however is not for a tapering dose. The request for Cyclobenzaprine HCL, 10mg refills 2 Rx: 7/15/15 is not medically necessary.