MAXIMUS Federal Services

Case Number:	CM15-0021179		
Date Assigned:	03/27/2015	Date of Injury:	08/21/2013
Decision Date:	05/01/2015	UR Denial Date:	01/09/2015
Priority:	Standard	Application Received:	02/04/2015

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: Physical Medicine & Rehabilitation

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 62-year-old male who sustained an industrial injury on 8/21/13. The injured worker reported symptoms in the cervical and low back. The injured worker was diagnosed as having rule out cervical disc injury, rule out cervical radiculopathy, left lumbar radiculopathy and lumbar myofascial pain. Treatments to date have included oral pain medication, nonsteroidal anti-inflammatory drugs, transcutaneous electrical nerve stimulation unit, epidural injection, and physical therapy. Currently, the injured worker complains of pain in the cervical spine and lower back. The plan of care was for medication prescriptions and a follow up appointment at a later date.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 7.5mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-66.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-66.

Decision rationale: The patient was injured on 08/21/2013 and presents with low back pain with left lower extremity symptoms as well as cervical pain with left greater than right upper extremity symptoms. The request is for CYCLOBENZAPRINE 7.5 MG #90. There is no RFA provided, and the patient is temporarily totally disabled for 4 weeks, as of 12/05/2014. The patient has been taking cyclobenzaprine as early as 09/24/2014. MTUS Guidelines page 63-66 states, "Muscle relaxants (for pain) recommend non-sedating muscle relaxants with caution as a second line option for short term treatment of acute exacerbation in patients with chronic LBP. The most commonly prescribed anti-spasmodic agents are carisoprodol, cyclobenzaprine, metaxalone, and methocarbamol, but despite the popularity, skeletal muscle relaxants should not be the primary drug class of choice for musculoskeletal conditions. Cyclobenzaprine (Flexeril, Amrix, Fexmid, generic available): Recommended for a short course of therapy." The 12/05/2014 report indicates that "spasm had remained refractory to stretching, heat, cold, activity modification, physical therapy, home exercise prior to cyclobenzaprine at current dosing regimen. Cyclobenzaprine 7.5 mg at t.i.d. facilitates decrease in intractable spasm for average of 5 hours, with improved motion and tolerance to exercise and decrease in pain level. Cyclobenzaprine at current dosing does decrease pain level additional 3-4 points average. No adverse effects." The patient has tenderness of both the lumbar spine and the cervical spine. He has a positive straight leg raise on the left for pain to the foot. The cervical spine has a limited range of motion. There is spasm of the lumbar paraspinal musculature and cervical trapezius. MTUS Guidelines do not recommend use of cyclobenzaprine for longer than 2 to 3 weeks. In this case, the patient has been taking cyclobenzaprine as early as 09/24/2014, which exceeds the 2 to 3-week limited recommended by MTUS Guidelines. Therefore, the requested cyclobenzaprine IS NOT medically necessary.