

Case Number:	CM15-0210142		
Date Assigned:	10/29/2015	Date of Injury:	09/12/2014
Decision Date:	12/14/2015	UR Denial Date:	10/15/2015
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: 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 60 year old male, who sustained an industrial injury on 9-12-2014. The injured worker was diagnosed as having foraminal stenosis L4-5, left greater than right with radiculopathy, and protrusion L3-4. Treatment to date has included diagnostics, lumbar epidural steroid injections, physical therapy, and medications. Currently (10-07-2015), the injured worker complains of low back pain with left lower extremity symptoms, rated 7 out of 10 (unchanged from 9-16-2015 and 8-26-2015), bilateral wrist pain, and pain at the right Achilles. His radicular component remained unchanged status post second epidural steroid injection (4-2015). He reported that medication helped facilitate maintenance of activities of daily living. Medications included Hydrocodone, Tramadol ER, Naproxen, Pantoprazole, and Cyclobenzaprine (since at least 6-2015). He reported that Cyclobenzaprine decreased spasm for approximately 4-6 hours, facilitating marked improvement in range of motion, tolerance to exercise, and decreased pain and average of 3-4 points. Exam noted tenderness of the lumbar spine, decreased range of motion, diminished sensation left L5 and S1 dermatomes, positive left straight leg raise, and strength 4+ in the left extensor hallucis longus muscle and eversion. Work status was total temporary disability. On 10-15-2015 Utilization Review non-certified a request for Cyclobenzaprine 7.5mg #90.

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 Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

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

Decision rationale: The 60 year old patient complains of low back pain with left lower extremity symptoms, rated at 7/10, bilateral wrist/hand pain, and right Achilles pain, as per progress report dated 10/07/15. The request is for CYCLOBENZAPRINE 7.5mg #90. The RFA for this case is dated 08/24/15, and the patient's date of injury is 09/12/14. Diagnoses, as per progress report dated 10/07/15, included protrusion at L3-4, and L4-5 foraminal stenosis, left greater than right with radiculopathy. Prescribed medications included Tramadol, Hydrocodone, Naproxen, Pantoprazole, and Cyclobenzaprine. The patient is temporarily totally disabled, as per the same progress report. MTUS Chronic Pain Medical Treatment Guidelines 2009, pg 63-66 and Muscle Relaxants section, state: 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 antispasmodic agents are carisoprodol, cyclobenzaprine, metaxalone, and methocarbamol, but despite their 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. MTUS, Chronic Pain Medication Guidelines 2009, Muscle Relaxants, page 63-66: "Carisoprodol (Soma, Soprodal 350, Vanadom, generic available): Neither of these formulations is recommended for longer than a 2 to 3 week period." Abuse has been noted for sedative and relaxant effects. In this case, Cyclobenzaprine is first noted in progress report dated 06/03/15, and the patient has been taking the medication consistently at least since then. It is not clear when the muscle relaxant was initiated. As per progress report dated 10/07/15, "Cyclobenzaprine decreases spasm, 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 10 scale." The treater also indicates that prior to the use of Cyclobenzaprine, the patient complained of spasms that were "refractory to activity modification, stretching, heat, physical therapy, home exercise." There are not side effects due this medication. While Cyclobenzaprine does appear to benefit the patient significantly, MTUS does not support long-term use of muscle relaxants beyond a 2 to 3 week period. Hence, the request for #90 IS NOT medically necessary.