

Case Number:	CM15-0218232		
Date Assigned:	11/09/2015	Date of Injury:	03/19/2014
Decision Date:	12/18/2015	UR Denial Date:	10/26/2015
Priority:	Standard	Application Received:	11/02/2015

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 55 year old male, who sustained an industrial injury on 3-19-2014. The injured worker was being treated for back pain, intervertebral disc rupture. The injured worker (8-25-2015, 9-8-2015, 9-15-2015, and 10-19-2015) reported worsening of chronic back pain. The injured worker did not report any muscle spasms. The injured worker reported he was able to care for himself and had no difficulty with doing errands alone, dressing, bathing, walking, or climbing stairs. The medical records (8-25-2015, 9-8-2015, and 9-15-2015) did not include documentation of the subjective pain ratings or a physical exam. The physical exam (10-19-2015) revealed normal active and passive lumbar range of motion. Treatment has included a home exercise program, off work, and medications including anti-epilepsy, muscle relaxant (Cyclobenzaprine since at least 6-2015), and non-steroidal anti-inflammatory. On 10-19-2015, the requested treatments included Cyclobenzaprine 10mg. On 10-26-2015, the original utilization review non-certified a request for Cyclobenzaprine 10mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 10mg #360: 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).

Decision rationale: Guidelines do not recommend long-term use of this muscle relaxant for this chronic March 2014 injury. Additionally, the efficacy in clinical trials has been inconsistent and most studies are small and of short duration. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. Submitted reports have not adequately demonstrated the indication or medical need for this treatment and there is no report of significant progressive deteriorating clinical findings, acute flare-up or new injury to support for its long-term use of Cyclobenzaprine since at least June 2015. Exam showed no spasm, neurological deficits, or ADL limitations. There is no report of functional improvement resulting from its previous treatment in terms of decreased pharmacological dosing, decreased medical utilization, increased ADLs and functional work status to support further use as the patient remains unchanged. The Cyclobenzaprine 10mg #360 is not medically necessary and appropriate.