

Case Number:	CM15-0220350		
Date Assigned:	11/16/2015	Date of Injury:	11/03/2014
Decision Date:	12/28/2015	UR Denial Date:	11/02/2015
Priority:	Standard	Application Received:	11/10/2015

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: Emergency 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 48 year old male who sustained an industrial injury on November 3, 2014. Medical records indicated that the injured worker was treated for bilateral knee pain and low back pain. Medical diagnoses include lumbar myositis, lumbar myalgia, lumbosacral radiculopathy, lumbar spine strain sprain, knee internal derangement, knee sprain, strain, knee osteoarthritis, insomnia, anxiety and depression. In the provider notes dated October 7, 2015 the injured worker complained of dull, aching right greater than left bilateral knee pain. He complains of dull, aching low back pain radiating to both lower extremities associated with numbness and tingling. He rates his knee pain 8-9 on the pain scale without medications and 7 on the pain scale with medications. He rates his back pain 5-6 without pain medications and 3 on the pain scale with pain medications. His knee pain is aggravated by prolonged standing and walking and is relieved with rest and medications. His back pain is aggravated by bending, lifting and is relieved by rest and medications. On exam, the documentation stated there is tenderness and myospasm palpable over bilateral paralumbar muscles and sciatic notches. "Circumscribed trigger points with positive taut bands, twitched response, positive jump sign with pressure over bilateral paralumbar muscles are also noted. The straight leg raise is bilaterally positive, causing low back pain radiating to posterior thigh upon 30 degrees of right or left leg raising. The Braggard's test is also bilaterally positive. There is decreased lumbar range of motion in all planes due to end range back pain." The treatment plan includes medication management. A Request for Authorization was submitted for cyclobenzaprine 7.5mg QTY 30 for 30. The Utilization Review dated November 2, 2015 denied the request for cyclobenzaprine 7.5mg QTY 30 for 30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 7.5 mg Qty 30, 30 day supply: Upheld

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

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

Decision rationale: The request is for cyclobenzaprine, which is an antispasmodic used to decrease muscle spasm in conditions such as low back pain, although it appears that these medications are often used for the treatment of musculoskeletal conditions whether spasm is present or not. The mechanism of action for most of these agents is not known. Non-sedating muscle relaxants are recommend with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most low back pain cases, they show no benefit beyond non-steroidal anti-inflammatory drugs in pain and overall improvement. Also there is no additional benefit shown in combination with non-steroidal anti-inflammatory drugs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. Despite their popularity, skeletal muscle relaxants should not be the primary drug class of choice for musculoskeletal conditions. Cyclobenzaprine is not recommended to be used for longer than 2-3 weeks. In regards to the injured worker, documentation suggested that treatment to date had included cyclobenzaprine. Use of cyclobenzaprine is reserved for short term treatment of acute pain. Therefore, the request as submitted is not supported by the MTUS guidelines, is of unclear medical benefit, and therefore is not medically necessary.