

Case Number:	CM15-0035330		
Date Assigned:	03/03/2015	Date of Injury:	05/29/2012
Decision Date:	04/08/2015	UR Denial Date:	02/13/2015
Priority:	Standard	Application Received:	02/25/2015

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, Arizona

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 35-year-old male who reported an injury on 05/29/2012. The mechanism of injury was unspecified. His diagnoses included other joint derangement not elsewhere classified involving other specified sites and displacement of the lumbar intervertebral disc without myelopathy. Past treatments included medications, home exercise program and physical therapy. On 02/09/2015, the injured worker indicated his pain was about the same from the previous visit. The injured worker complained of low back pain with occasional right lower extremity spasms rated 6/10 without medications and 3/10 with medications. The injured worker indicated he had acid reflux from the medication use and muscle spasms. The physical examination revealed normal reflexes, sensory and power testing to the bilateral upper and lower extremities. The injured worker was also indicated to have a negative straight leg raise and bowstring test. There was also minimal lumbar tenderness with exterior spasms noted and decreased range of motion by 10%. The treatment plan included cyclobenzaprine for muscle spasms and pain relief. A rationale was not provided. A Request for Authorization was not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request: Fexmid Cyclobenzaprine 7.5 mg 1tab TID #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 41-43-63.

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

Decision rationale: The California MTUS Guidelines state, they recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. The injured worker was noted to have slight muscle spasms with minimal tenderness posteriorly. The injured worker was also indicated to have chronic low back pain status post decompression. However, there was lack of documentation upon physical examination of an acute exacerbation of recurrent low back pain. Furthermore, there was lack of documentation to specify the duration of time the injured worker has been on the medication. Furthermore, the guidelines do not recommend the use due to diminished efficacy over time and the risk for dependence. A weaning schedule is recommended for implementation due to long term use of Fexmid Cyclobenzaprine. Based on the above, the request is not supported by the evidence based guidelines. As such, the request is not medically necessary.