

Case Number:	CM15-0038703		
Date Assigned:	03/09/2015	Date of Injury:	01/16/2010
Decision Date:	04/14/2015	UR Denial Date:	01/30/2015
Priority:	Standard	Application Received:	03/02/2015

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: Texas, California
 Certification(s)/Specialty: Family Practice

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 47 year old male patient who sustained an industrial injury on 1/16/10. The current diagnosis includes enthesopathy of hip. He sustained the injury while entering a police vehicle. Per the doctor's note dated 3/2/2015, he had complaints of right hip pain and difficulty with walking. Per the doctor's note dated 1/21/2015, he had complaints of persistent right hip pain. The physical examination of the right hip revealed restricted range of motion and greater trochanter tenderness. The medications list includes ibuprofen, norco and cyclobenzaprine. He has undergone right hip arthroscopic labral debridement and chondroplasty on 8/20/2013. He has had physical therapy and right hip injection for this injury. On 1/30/15, Utilization Review non-certified a request for Cyclobenzaprine Hcl 10 mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine Hcl 10 mg #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines muscle relaxants for pain Page(s): 63.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril, Amrix, Fexmid, generic available) Page(s): 64.

Decision rationale: Request: Cyclobenzaprine Hcl 10 mg #60. Cyclobenzaprine is a skeletal muscle relaxant and a central nervous system (CNS) depressant. According to California MTUS, Chronic pain medical treatment guidelines, Cyclobenzaprine is "Recommended for a short course of therapy. Limited, mixed-evidence does not allow for a recommendation for chronic use." Cyclobenzaprine is more effective than placebo in the management of back pain, although the effect is modest and comes at the price of adverse effects. It has a central mechanism of action, but it is not effective in treating spasticity from cerebral palsy or spinal cord disease." According to the records provided patient had right hip pain with history of right hip surgery. Physical examination revealed tenderness and restricted range of motion of the right hip. Therefore, the patient has chronic pain with significant objective exam findings. According to the cited guidelines, cyclobenzaprine is recommended for short term therapy. Short term or prn use of cyclobenzaprine in this patient for acute exacerbations would be considered reasonable appropriate and necessary. The request for Cyclobenzaprine Hcl 10 mg #60 is medically appropriate and necessary to use as prn during acute exacerbations.