MAXIMUS Federal Services

Case Number:	CM15-0047823		
Date Assigned:	03/19/2015	Date of Injury:	06/26/2003
Decision Date:	05/01/2015	UR Denial Date:	02/27/2015
Priority:	Standard	Application Received:	03/13/2015

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 was a 55-year-old female, who sustained an industrial injury, June 26, 2003. The injured worker previously received the following treatments Cyclobenzaprine, Tramadol, lumbosacral surgery, lumbar spine MRI. The injured worker was diagnosed with HPN (herniated nucleus pulposus) of the lumbar spine. According to progress note of December 8, 2014, the injured workers chief complaint was lower back pain constant low back pain with spasms rated at a 7 out of 10; 0 being no pain and 10 being the worse pain. The lumbar spine pain was aggravated by bending. The physical exam noted lumbar tenderness with palpation and spasms. The treatment plan included prescription renewal for Cyclobenzaprine.

IMR ISSUES, DECISIONS AND RATIONALES

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

90 Tablets of Cyclobenzaprine 10mg: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints,Chronic Pain Treatment Guidelines Muscle relaxants (for pain).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines, Pain (Chronic) chapter, Muscle relaxants (for pain).

Decision rationale: The patient presents with low back pain with spasms, rated 7/10. The request is for 90 tablets of Cyclobenzaprine 10mg. There is no RFA provided and the date of injury is 06/23/03. The diagnosis has included HPN (herniated nucleus pulposus) of the lumbar spine. Physical examination to the lumbar spine on 10/27/14 revealed stiffness with increased spasms and decreased range of motion. There is positive straight leg raise test. Current medications include Flexeril, Lunesta, Tramadol and Cymbalta. The patient is temporarily totally disabled. ODG-TWC, Pain (Chronic) chapter, Muscle relaxants (for pain) states: ANTISPASMODICS: Orphenadrine (Norflex, Banflex, Antiflex, Mio-Rel, Orphenate, generic available): This drug is similar to diphenhydramine, but has greater anticholinergic effects. The mode of action is not clearly understood. Effects are thought to be secondary to analgesic and anticholinergic properties. This medication has been reported in case studies to be abused for euphoria and to have mood-elevating effects. In this case, provided progress reports are handwritten, illegible and brief. The treater has not provided a reason for the request. Cyclobenzaprine was included in treater reports dated 10/27/14 and 12/08/14. MTUS Guidelines do not recommend the use of Cyclobenzaprine for longer than 2-3 weeks. The patient has been taking Cyclobenzaprine at least since 10/27/14, which exceeds the 2-3 weeks recommended by MTUS Guidelines. Therefore, the requested Cyclobenzaprine is not medically necessary.