

Case Number:	CM15-0081359		
Date Assigned:	05/04/2015	Date of Injury:	02/23/2005
Decision Date:	06/09/2015	UR Denial Date:	04/01/2015
Priority:	Standard	Application Received:	04/28/2015

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: Colorado

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:

The injured worker is a 57 year old female, who sustained an industrial injury on January 22, 2010. The injured worker was diagnosed as having spondylolisthesis, cervical spine degenerative disc disease, and lumbar spine degenerative disc disease. Treatment to date has included epidural injections, trigger point injections, bracing, and medication. Currently, the injured worker complains of pain in upper and lower back and left shoulder. The Primary Treating Physician's report dated March 5, 2015, noted the injured worker reported her pain was worse with spasms worse in her mid-back. The injured worker reported taking medication at night to sleep. The physical examination was noted to remain relatively normal. The treatment plan was noted to include requests for authorization for a transfer of care to a pain management specialist, and the medications Norco, Omeprazole, Naproxen, and Cyclobenzaprine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine dosage and quantity unknown: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Treatments Page(s): 41-42, and 64.

Decision rationale: Cyclobenzaprine (Flexeril), and other antispasmodics are recommended for musculoskeletal pain associated with spasm, but only for a short course. It has been shown to help more than placebo with back pain and fibromyalgia, but has several side effects that limit its use. Furthermore, Cyclobenzaprine works best in the first 4 days of use, so short courses recommended, no more than 2-3 weeks. No quality consistent evidence exists to support chronic use of Cyclobenzaprine. The records supplied indicate patient has been taking Cyclobenzaprine greater than 3 months for back spasms. Even if patient only takes the Cyclobenzaprine intermittently, its effectiveness diminishes so quickly, that its use after 3 months would yield little benefit relative to the risks of side effects, based on the evidence. As there is no support, per the guidelines, for long term use, the request for Cyclobenzaprine is not medically necessary.