

Case Number:	CM15-0083248		
Date Assigned:	05/05/2015	Date of Injury:	10/06/2009
Decision Date:	06/10/2015	UR Denial Date:	04/24/2015
Priority:	Standard	Application Received:	04/30/2015

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: New York, Tennessee

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 62 year old female, who sustained an industrial injury on 10/6/2009. Diagnoses have included degenerative disc disease T4-5 and T9-10, compression fractures T5-T8 and low back pain with intermittent left lower extremity symptoms. Treatment to date has included transcutaneous electrical nerve stimulation (TENS), Lumbar-Sacral Orthosis (LSO), magnetic resonance imaging (MRI) and medication. According to the progress report dated 11/6/2014, the injured worker complained of thoracic pain and low back pain with radiation to the thigh and left hip. The pain was rated 6/10. The injured worker reported that Tramadol ER had facilitated the elimination of the IR (immediate release) opioid narcotic analgesic. She reported that non-steroidal anti-inflammatory drugs resulted in two to three point diminution in pain component. She recalled having gastrointestinal upset without a proton-pump inhibitor, but denied gastrointestinal upset while taking a proton-pump inhibitor. She reported that Cyclobenzaprine resulted in a significant decrease in spasm for an average of five hours. Physical exam revealed tenderness in the thoracic and lumbar spine. Range of motion was limited with pain. There was decreased spasm of the lumboparaspinal musculature. Authorization was requested for Cyclobenzaprine, Tramadol, Naproxen and Pantoprazole.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 7.5 MG #90 Dispensed 3/19/15: 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 Guidelines Page(s): 63.

Decision rationale: Cyclobenzaprine is a muscle relaxant. Cyclobenzaprine is recommended as an option, for a short course of therapy. It has been found to be more effective than placebo with greater adverse side effects. Its greatest effect is in the first 4 days. Treatment should be brief. Non-sedating muscle relaxants are recommended with caution as a second-line option for short-term treatment (less than two weeks) of acute exacerbations in patients with chronic LBP. Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement. Also there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. Sedation is the most commonly reported adverse effect of muscle relaxant medications. These drugs should be used with caution in patients driving motor vehicles or operating heavy machinery. In this case the patient has been receiving cyclobenzaprine since at least October 2014. The duration of treatment surpasses the recommended short-term duration of two weeks. The request should not be authorized and is not medically necessary.