

Case Number:	CM14-0122015		
Date Assigned:	09/16/2014	Date of Injury:	06/12/2009
Decision Date:	11/18/2014	UR Denial Date:	07/22/2014
Priority:	Standard	Application Received:	08/01/2014

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. The expert reviewer is Board Certified in Internal Medicine, has a subspecialty in Nephrology and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 34-year-old male with a 6/12/09 date of injury, when he fell off a 15 foot-high ladder and injured his back and feet. The patient was diagnosed with L2 burst fracture, was provided a lumbar brace and was not considered a candidate for a surgical treatment. The patient was seen on 8/8/14 with complaints of continued lower back pain and lower left extremity pain. The patient stated that he had muscle spasms and that Norflex helped him. Exam findings revealed spasms in the low back, lumbar flexion about 80 degrees and intact external flexion, lateral flexion and rotation. The note stated that the patient tried different muscle relaxants in the past and only Norflex was helpful, but the requests for Norflex were denied. The provider requested a prescription for Flexeril that could help the patient and stated that the patient would utilize Flexeril from time to time for his low back and legs spasms. The diagnosis is status post lumbar vertebra fracture, chronic pain, and lower back pain. Treatment to date: work restrictions, acupuncture, lumbar epidural steroid injections and medications. An adverse determination was received on 7/22/14 given that the patient had previously taken muscle relaxants for a long period of time and did not have lasting relief from the treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 10mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 41-42; 63-66.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines, state that 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, and no additional benefit has been shown when muscle relaxants are used in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. According to page 41 of the CA MTUS Chronic Pain Medical Treatment Guidelines, Cyclobenzaprine is recommended as an option, using a short course of therapy. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. Treatment should be brief and the addition of cyclobenzaprine to other agents is not recommended. The progress notes indicated that the patient had previously taken muscle relaxants for a long period of time and did not have lasting relief from the treatment and that Norflex was the only muscle relaxant that helped the patient. However, there is a lack of documentation indicating objective functional gains from the treatment, decrease in muscle spasm and decrease in the patient's pain on the VAS pain scale. In addition, the guidelines state that in most LBP cases muscle relaxants show no benefit beyond NSAIDs in pain and overall improvement and that the effect of Cyclobenzaprine is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. Lastly, the physical examination did not reveal muscle spasms on the examination performed on 8/8/14 and it is not clear why the provider requested another muscle relaxant for the patient. Therefore, the request for Cyclobenzaprine 10mg #60 was not medically necessary.