

Case Number:	CM14-0142800		
Date Assigned:	09/10/2014	Date of Injury:	06/04/2012
Decision Date:	10/14/2014	UR Denial Date:	08/26/2014
Priority:	Standard	Application Received:	09/03/2014

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 Occupational Medicine 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 38-year-old female with a date of injury 6/4/12. The mechanism of injury was not noted. She has been on multiple different medications over the past 2 years. Currently there is a request for Orthovisc, Norflex, Protonix, Tramadol, Anaprox, and Norco. A urine drug screen (UDS) of 1/28/14 and 5/28/14 both showed no Norco or Tramadol, which has been prescribed. The agreed medical evaluation (AME) of 12/10/13 recommended NSAIDs only. On 7/14/14 notes indicates spasms have decrease but Norflex was stopped and Flexeril was started. On 7/14/14, she complained of bilateral knee pain and low back pain with lower extremity symptoms. On exam there was tenderness in the left knee medial and lateral joint line. The spasm of the lumboparaspinal musculature was decreased. The diagnostic impression is left elbow strain/triceps tenosynovitis, left wrist strain, chronic low back strain, and bilateral knee contusion. Treatment to date: physical therapy, chiropractic therapy, medication management. A UR decision dated 8/22/14 denied the request for Cyclobenzaprine (Flexeril) 7.5mg, #90. The Flexeril was denied because there is no indication why the provider would switch from Norflex to Flexeril if her spasms were reduced on Norflex. Long-term use of Flexeril is not recommended due to side effect issues.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 7.5mg, #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril) Page(s): 64.

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

Decision rationale: 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. There is also a post-op use. The addition of cyclobenzaprine to other agents is not recommended. However, there was no documentation of an acute exacerbation of the patient's chronic pain. The UDS (urine drug screen) on 1/28/14 and 5/28/14, were both negative for Tramadol and Norco, both of which were prescribed for pain control. In addition, it was noted that the patient was on Norflex for muscle spasm, and on 7/14/14 the Norflex was changed to Flexeril despite the objective report of decreased spasms. Guidelines do not support the long-term use of muscle relaxants due to diminishing efficacy over time and the risk of dependence. Therefore, the request for Cyclobenzaprine 7.5mg, #90 was not medically necessary.