

Case Number:	CM14-0154586		
Date Assigned:	09/24/2014	Date of Injury:	05/05/2008
Decision Date:	10/30/2014	UR Denial Date:	08/21/2014
Priority:	Standard	Application Received:	09/22/2014

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 Texas. 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:

The claimant was injured on 05/05/08 and cyclobenzaprine is under review. He sustained an injury to his low back. An MRI of the lumbar spine dated 08/30/13 revealed several disc bulges without central or lateral spinal stenosis. A report dated 02/02/12 indicates that he also had an MRI of the thoracic spine. He had been treated by several doctors and a chiropractor. Diagnoses were lumbar degenerative disc disease with some radicular complaints. There were also some disc bulges in the thoracic spine. Other diagnoses were thoracic and lumbar strain. On 07/23/14, he was taking Norco. He had tenderness of the low back with a diagnosis of disc displacement, sprain, and muscle spasm and was prescribed Cyclobenzaprine, Naproxen, Hydrocodone, Pantoprazole, and Tramadol in addition to topical cream. Urine drug screen was done. There were no spasms noted on physical examination, however.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine HCL 10 Mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril) Page(s): 22.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74.

Decision rationale: The history and documentation do not objectively support the request for cyclobenzaprine 10 mg, frequency and quantity unknown. The CA MTUS state "cyclobenzaprine may be recommended as an option, using a short course of therapy. Cyclobenzaprine (Flexeril) is more effective than placebo in the management of back pain; the effect is modest and comes at the price of greater adverse effects. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. (Browning, 2001) Treatment should be brief." Additionally, MTUS and ODG state "relief of pain with the use of medications is generally temporary and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity. Before prescribing any medication for pain, the following should occur: (1) determine the aim of use of the medication; (2) determine the potential benefits and adverse effects; (3) determine the patient's preference. Only one medication to be given at a time, and interventions that are active and passive should remain unchanged at the time of the medication change. A trial should be given for each individual medication. A record of pain and function with the medication should be recorded. (Mens 2005) Uptodate for "Flexeril" also recommends "do not use longer than 2-3 weeks" and is for "short-term (2-3 weeks) use for muscle spasm associated with acute painful musculoskeletal conditions." The medical documentation provided does not establish the need for the use of cyclobenzaprine for the claimant's chronic pain and the MTUS guidelines advise against it. Additionally, the medical records provided do not provide objective findings of acute spasms or a diagnosis of acute spasm that resolves with the use of this type of medication. In this case, the claimant's pattern of use of medications, including other first-line drugs such as acetaminophen and anti-inflammatories and the response to them, including relief of symptoms and documentation of functional improvement, have not been described. There is no description of an ongoing exercise program to try to control any spasms that do occur. As such, this request for cyclobenzaprine hydrochloride 10 mg is not medically necessary.