

Case Number:	CM14-0171275		
Date Assigned:	10/23/2014	Date of Injury:	09/22/2013
Decision Date:	12/03/2014	UR Denial Date:	10/08/2014
Priority:	Standard	Application Received:	10/16/2014

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:

According to the records made available for review, this is a 63-year-old male with a 9/22/13 date of injury. At the time (9/24/14) of request for authorization for Cyclobenzaprine 7.5mg 1 tab TID PRN for muscle spasms #60, there is documentation of subjective (low back pain) and objective (tenderness over the base of the lumbar spine and decreased range of motion) findings, current diagnoses (lumbosacral sprain/strain with radiculopathy in right lower extremity at L5-S1 distribution), and treatment to date (medications (including ongoing treatment with Cyclobenzaprine and Naproxen), physical therapy, and epidural steroid injection). There is no documentation of short-term (less than two weeks) treatment; and functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Cyclobenzaprine use to date.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 7.5mg 1 tab TID PRN for muscle spasms #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antispasmodics, Cyclobenzaprine (Flexeril, Amrix, Fexmid, generic).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-64. Decision based on Non-MTUS Citation Official Disability

Guidelines (ODG) Pain, Muscle relaxants (for pain) Other Medical Treatment Guideline or Medical Evidence: Title 8, California Code of Regulations, section 9792.20

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of acute exacerbation of chronic low back pain and used as a second line option for short-term treatment, as criteria necessary to support the medical necessity of muscle relaxant. ODG identifies that muscle relaxants are recommended for short-term (less than two weeks) treatment. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of a diagnosis of lumbosacral sprain/strain with radiculopathy in right lower extremity at L5-S1 distribution. In addition, given documentation of ongoing treatment with NSAIDs, there is documentation of Cyclobenzaprine used as a second line agent. However, there is no documentation of spasm or acute exacerbation of chronic low back pain. In addition, given documentation of ongoing treatment with Cyclobenzaprine, there is no documentation of short-term (less than two weeks) treatment; and functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Cyclobenzaprine use to date. Therefore, based on guidelines and a review of the evidence, the request for Cyclobenzaprine 7.5mg 1 tab TID PRN for muscle spasms #60 is not medically necessary.