

Case Number:	CM14-0180643		
Date Assigned:	11/05/2014	Date of Injury:	09/12/2014
Decision Date:	12/09/2014	UR Denial Date:	10/18/2014
Priority:	Standard	Application Received:	10/30/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain 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:

The injured worker is a 49 year-old female with an original date of injury on 9/12/2014. The mechanism of injury was while kneeling down and cleaning a balcony, the patient felt a pain in her knee. When she stood up, she felt a sharp pain and heard a pop. The industrially related diagnoses are left knee strain and tendonitis. Patient also reported pain in the lower back, cervical, and bilateral shoulders, and bilateral wrists. The patient had x-ray of the left knee revealed no fracture and narrowing of the joint spaces, however, a report of the x-ray was not provided. Conservative care has included multiple pain medications including cyclobenzaprine, hydrocodone, and ibuprofen, as well as using a lumbar back support and carpal tunnel brace. The disputed issue is a request for cyclobenzaprine 7.5mg quantity of 90 tablets. A utilization review dated 10/18/2014 has non-certified this request. The stated rationale for denial was twofold. There is no exam finding that is consistent with muscle spasm that would warrant the use of a muscle relaxant. In addition, the patient has already taken a short course of muscle relaxant, and the guidelines do not support long-term use of muscle relaxants.

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.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 Page(s): 63-66 of 127.

Decision rationale: MTUS Guidelines recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. (Chou, 2007) (Mens, 2005) (Van Tulder, 1998) (Van Tulder, 2003) (Van Tulder, 2006) (Schnitzer, 2004) (See, 2008) 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. (Homik, 2004) 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. Drugs with the most limited published evidence in terms of clinical effectiveness include chlorzoxazone, methocarbamol, dantrolene and baclofen. (Chou, 2004) According to a recent review in American Family Physician, skeletal muscle relaxants are the most widely prescribed drug class for musculoskeletal conditions (18.5% of prescriptions), and the most commonly prescribed antispasmodic agents are carisoprodol, cyclobenzaprine, metaxalone, and methocarbamol, but despite their popularity, skeletal muscle relaxants should not be the primary drug class of choice for musculoskeletal conditions. (See2, 2008) Classifications: Muscle relaxants are a broad range of medications that are generally divided into antispasmodics, antispasticity drugs, and drugs with both actions. (See, 2008) (Van Tulder, 2006) The patient was complaining of lumbar area pain on a progress note from 10/2/2014. The patient has been taking cyclobenzaprine since the onset of injury, but there's no clear documentation of exam finding consistent with muscle spasm of lumbar spine region. On a progress note dated on 9/22/2014, patient reported no improvement while on cyclobenzaprine. The guidelines above also do not recommend using cyclobenzaprine longer than 2-3 weeks, and the patient already had an adequate trial with this medication; therefore, the request is not appropriate and not medically necessary.