

Case Number:	CM15-0015190		
Date Assigned:	02/03/2015	Date of Injury:	01/23/2012
Decision Date:	03/25/2015	UR Denial Date:	01/22/2015
Priority:	Standard	Application Received:	01/27/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: New Jersey
 Certification(s)/Specialty: Family Practice

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 33 year old male, who sustained an industrial injury on 01/23/2012. He has reported subsequent low back pain and was diagnosed with lumbosacral spondylosis and degenerative disc disease. Treatment to date has included oral pain medication, physical therapy and a functional restoration program. In a progress note dated 12/11/2014, the injured worker complained of 4/10 back pain radiating to the left lower extremity with muscle spasms. Objective examination findings were within normal limits. The physician noted that Zanaflex was being discontinued and Cyclobenzaprine was ordered for muscle spasms. A request for authorization for Cyclobenzaprine was submitted. On 01/22/2015, Utilization Review non-certified a request for Cyclobenzaprine, noting that the medication is not recommended to be used for longer than 2-3 weeks. MTUS guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective: Cyclobenzaprine - Flexeril 7.5 mg #90 12/11/2014: Upheld

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

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

Decision rationale: The MTUS Guidelines state that using muscle relaxants for muscle strain may be used as a second-line option for short-term treatment of acute exacerbations of chronic pain, but provides no benefit beyond NSAID use for pain and overall improvement, and are likely to cause unnecessary side effects. Efficacy appears to diminish over time, and prolonged use may lead to dependence. In the case of this worker, there was reported intermittent low back and buttock pain and spasm for which he uses medications, including muscle relaxants. Since the worker had been using muscle relaxants for a prolonged period of time and the request being for cyclobenzaprine #90 pills, it is apparent that chronic regular use was again the intention for this medication, which is not recommended for this drug type. Therefore, the cyclobenzaprine will be considered medically unnecessary.