

Case Number:	CM15-0018257		
Date Assigned:	02/06/2015	Date of Injury:	01/04/2012
Decision Date:	03/26/2015	UR Denial Date:	01/09/2015
Priority:	Standard	Application Received:	01/30/2015

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 York, Tennessee
 Certification(s)/Specialty: Emergency Medicine

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 50 year old female with an industrial injury dated 01/04/2012. Her diagnoses include musculoligamentous strain/sprain of the cervical spine, multilevel mild cervical disc bulges, lumbar strain, lumbar degenerative disc disease, lumbar spine herniated nucleus pulposus with instability, and thoracic strain with mild thoracic disc bulge. Recent diagnostic testing has included x-rays of the lumbar spine (09/16/2014) showing DNS at the L4-S1 levels with over 5mm motion on lateral flexion and extension, and a MRI of the lumbar spine (12/24/2014) showing herniated nucleus pulposus at the L4-S1 levels. She has been treated with medications, and steroid injections (no date). In a progress note dated 01/07/2015, the treating physician reports worsening low back pain with radiation into the lower extremities, difficulty walking due to pain and weakness, and persistent neck pain. The objective examination revealed normal reflex, motor strength and sensory exams of the bilateral upper extremities, weakness and decreased sensation in the lower extremities, decreased bilateral reflexes in the lower extremities, positive straight leg raises, tenderness to palpation of the cervical and lumbar spines with muscle spasms in the lumbar region, and decreased range of motion in the cervical and lumbar spines. The treating physician is requesting cyclobenzaprine which was denied by the utilization review. On 01/09/2015, Utilization Review non-certified a prescription for cyclobenzaprine 7.5mg #60, noting the lack of recommended long term use. The MTUS Guidelines were cited. On 01/30/2015, the injured worker submitted an application for IMR for review of cyclobenzaprine 7.5mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 7.5mg, #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Guidelines Page(s): 63.

Decision rationale: Cyclobenzaprine is a muscle relaxant. Cyclobenzaprine is recommended as an option, for a short course of therapy. It has been found to be more effective than placebo with greater adverse side effects. Its greatest effect is in the first 4 days. Treatment should be brief. Non-sedating muscle relaxants are recommended with caution as a second-line option for short-term treatment (less than two weeks) of acute exacerbations in patients with chronic LBP. 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. 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. In this case the patient has been using muscle relaxants since at least July 2014. The duration of treatment surpasses the recommended short-term duration of two weeks. The request should not be authorized.