

Case Number:	CM15-0116121		
Date Assigned:	06/24/2015	Date of Injury:	02/16/2014
Decision Date:	07/29/2015	UR Denial Date:	05/28/2015
Priority:	Standard	Application Received:	06/16/2015

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

Certification(s)/Specialty: Pediatrics, Internal 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 49 year old male, who sustained an industrial injury on 02/16/2014. He reported that while he was making omelets that he began to feel pain in his upper, middle and lower back. Treatment to date has included medications, MRI, physical therapy and surgery. According to a progress report dated 05/18/2015, the injured worker had surgery on 03/17/2015 and was doing very well. His back was improving with time. Pain increased with twisting and bending. His lower extremity symptoms were minimal. He continued to have insomnia due to pain and was improved with his sleeping medications. He had muscle spasms in the low back, which were alleviated with his muscle relaxer. He was using Norco for pain and weaning as tolerated. He was in physical therapy, which was going well. Physical examination demonstrated normal reflex, sensory and power testing to bilateral upper and lower extremities normal gait. He was able to heel-walk and toe-walk. Mild lumbar tenderness was noted. Lumbar spine range of motion was not tested. Incision was well healed. Diagnoses included musculoligamentous sprain/strain lumbar spine, large L5/S1 herniated nucleus pulposus status post L5/S1 decompression on 07/24/2014 and recurrent herniated nucleus pulposus status post anterior lumbar disc fusion on 03/17/2014. The treatment plan included Naproxen, Quazepam, Cyclobenzaprine, Norco and Pantoprazole. He was temporarily totally disabled until the next visit. Currently under review is the request for retrospective Fexmid cyclobenzaprine 7.5mg 1 tablet 3 times a day #60. Records submitted for review show utilization of Cyclobenzaprine dating back to 11/03/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective; Fexmid cyclobenzaprine 7.5mg 1 tablet 3 times a day #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine Page(s): 63-64.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63, 64.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbation in patients with chronic low back pain. Muscle relaxants may be effective in reducing pain and muscle tension and increasing mobility. However, in most low back pain cases, they show no benefit beyond NSAIDs in pain and overall improvement. In addition, there was no additional benefit shown in combination with NSAIDs. Efficacy appeared to diminish over time and prolonged use of some medications in this class may lead to dependence. Guidelines state that Cyclobenzaprine is not recommended to be used longer than 2-3 weeks. Records submitted for review show utilization of Cyclobenzaprine dating back to 11/03/2014. As such, the request for retrospective Fexmid Cyclobenzaprine 7.5mg 1 tablet 3 times a day #60 is not medically necessary.