

Case Number:	CM15-0126706		
Date Assigned:	07/29/2015	Date of Injury:	10/29/2011
Decision Date:	08/27/2015	UR Denial Date:	06/25/2015
Priority:	Standard	Application Received:	06/30/2015

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: California

Certification(s)/Specialty: Preventive Medicine, Occupational 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 45 year old female with an industrial injury dated 10/29/2011. The injured worker's diagnoses include lumbar disc displacement without myelopathy and lower leg pain in joint. Treatment consisted of diagnostic studies, physical therapy, acupuncture, medications, surgery, and periodic follow up visits. In a progress note dated 05/22/2015, the injured worker presented for follow up of continued chronic low back and left knee pain. Objective findings revealed antalgic gait, tenderness over the right and left knee and lower leg extension with pain. The treating physician prescribed Cyclobenzaprine 7.5mg #90. In a provider rebuttal of utilization review's denial of use of cyclobenzaprine, dated 7/29/15, the provider noted the patient has occasional severe muscle spasm in her lower back and left thigh. She uses the cyclobenzaprine intermittently to treat these symptoms. Use of cyclobenzaprine at these times helps control her pain and improves her function.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 7.5mg #90: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril) Page(s): 41, 64.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47, Chronic Pain Treatment Guidelines Cyclobenzaprine; Muscle relaxants (for pain) Page(s): 41-2, 63-66.

Decision rationale: Cyclobenzaprine (Flexeril) is classified as a sedating skeletal muscle relaxant. This class of medications can be helpful in reducing pain and muscle tension thus increasing patient mobility. Muscle relaxants as a group, however, are recommended for short-term use only as their efficacy appears to diminish over time. In fact, studies have shown cyclobenzaprine's greatest effect is in the first 4 days of treatment after which use may actually hinder return to functional activities. Muscle relaxants are considered no more effective at pain control than non-steroidal anti-inflammatory medication (NSAIDs) and there is no study that shows combination therapy of NSAIDs with muscle relaxants has a demonstrable benefit. This patient has been using intermittent skeletal muscle relaxant therapy for over 2 months on an "as needed" basis for acute muscle spasms. It has been effective at lessening her pain and improving her function. This use of this medication falls within the MTUS guidance. The request for use of this medication is medically necessary and has been established.