

Case Number:	CM15-0174383		
Date Assigned:	09/16/2015	Date of Injury:	08/20/2009
Decision Date:	10/19/2015	UR Denial Date:	08/25/2015
Priority:	Standard	Application Received:	09/04/2015

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 70 year old male who sustained an industrial injury on 08-20-2009. Current diagnoses include sciatica, pain due to trauma, cervicgia, and postlaminectomy syndrome cervical region. Previous diagnostic studies included a MRI of the cervical spine, and CT myelogram of the lumbar spine. Previous treatments included medications, surgical intervention (cervical fusion in 2011 and a lumbar fusion in 2012), psychological evaluation/treatment, physical therapy, and acupuncture. Provider's progress report dated 08-10-2015 reported the injured worker complained of low back pain with radiation to the left foot, left leg, right foot, and right leg. Pain level was 7 out of 10 on a visual analog scale (VAS). Physical examination did not document any abnormalities. The treatment plan included continuing current medication regimen. The injured worker has been prescribed cyclobenzaprine since at least 01-30-2015; Request for authorization dated 08-17-2015, included requests for Norco and cyclobenzaprine. The utilization review dated 08-27-2015, non-certified the request for cyclobenzaprine 7.5mg, #90.

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 Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment, and Chronic Pain Medical Treatment 2009, Section(s): Cyclobenzaprine (Flexeril), Muscle relaxants (for pain).

Decision rationale: Cyclobenzaprine 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. They 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 have a demonstrable benefit. This patient has been on cyclobenzaprine therapy for over 6 months. Since there is no documented provider instruction to use this medication on an intermittent or "as needed" basis and since the patient has no documented muscle spasms in the monthly provider assessments there is no indication for continue use of this medication. Medical necessity has not been established. The request is not medically necessary.