

Case Number:	CM15-0066204		
Date Assigned:	04/14/2015	Date of Injury:	09/29/2009
Decision Date:	05/20/2015	UR Denial Date:	03/30/2015
Priority:	Standard	Application Received:	04/07/2015

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: Pennsylvania

Certification(s)/Specialty: Internal Medicine, Hospice & Palliative 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 38 year old male who sustained an industrial injury on 9/29/09 when he was bending over he experienced abrupt onset of pain in the lumbar spine. He had difficulty standing erect and had left lower extremity pain with walking. He had a lumbar MRI, which was abnormal, lumbar epidural injection without substantial improvement; electrodiagnostic studies of the left lower extremity were abnormal. In 2011, he had lumbar surgery which was not helpful. In 2014 he had a repeat lumbar MRI because of a marked increase in pain and it demonstrated a recurrent disc herniation. He currently complains of continued low back pain and at times cannot ambulate but is on his hands and knees. His pain level is 7-8/10 His activities of daily living are limited. He does not drive and cannot sit for more than thirty minutes. He uses a cane for ambulation. Industrial medications are hydrocodone, gabapentin, omeprazole. Diagnoses include degeneration of the lumbosacral intervertebral disc; displacement of the lumbar intervertebral disc without myelopathy; lumbar post-laminectomy syndrome; lumbosacral radiculopathy; osteopenia; psychalgia. Treatments to date include medications; transcutaneous electrical nerve stimulator unit, offering modest relief; functional restoration program. Diagnostics include lumbar MRI (10/10/09, 3/28/12) abnormal. On 3/3/15 the treating provider requested cyclobenzaprine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 10 MG Tablet, Take 1 Every 8 Hours By Oral Route with Meals for 30 Days Qty 60 with 4 Refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants, Weaning of Medications Page(s): 63-66; page 124.

Decision rationale: Cyclobenzaprine is a medication in the antispasmodic muscle relaxant class. The MTUS Guidelines support the use of muscle relaxants with caution as a second-line option for short-term use in the treatment of a recent flare-up of long-standing lower back pain. Some literature suggests these medications may be effective in decreasing pain and muscle tension and in increasing mobility, although efficacy decreases over time. In most situations, however, using these medications does not add additional benefit over the use of non-steroidal anti-inflammatory drugs (NSAIDs), nor do they add additional benefit in combination with NSAIDs. Negative side effects, such as sedation, can interfere with the worker's function, and prolonged use can lead to dependence. The submitted and reviewed documentation indicated the worker was experiencing lower back pain that went into the left leg. These records indicated the worker had been taking this medication for a prolonged amount of time, and there was no discussion detailing special circumstances that sufficiently supported the recommended long-term use. Further, the request included a large number of refills, which would not account for changes in the worker's care needs. In the absence of such evidence, the current request for sixty tablets (a thirty-day supply) of cyclobenzaprine 10mg taken one tablet orally every eight hours with meals with four refills is not medically necessary. Because the potentially serious risks outweigh the benefits in this situation based on the submitted documentation, an individualized taper should be able to be completed with the medication the worker has available.