

Case Number:	CM15-0068056		
Date Assigned:	04/15/2015	Date of Injury:	06/14/1999
Decision Date:	05/19/2015	UR Denial Date:	03/13/2015
Priority:	Standard	Application Received:	04/10/2015

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: Ohio, North Carolina, Virginia
Certification(s)/Specialty: Family Practice

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 68 year old female, who sustained an industrial injury on 06/14/1999. She has reported subsequent back and lower extremity pain and was diagnosed with lumbar degenerative disc disease, severe thoracic scoliosis and bilateral sciatic pain. Treatment to date has included oral pain medication, bracing and surgery. In a progress note dated 03/04/2015, the injured worker complained of low back pain radiating to the bilateral lower extremities. Objective findings were notable for tenderness to palpation of the lumbar spine and bilateral lumbar paraspinal regions and limited range of motion of the hip with pain and guarding. A request for authorization of Cyclobenzaprine was made.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine tab 10 mg, thirty count with two refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for Pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine Page(s): 41-42. Decision based on Non-MTUS Citation Official Disability Guidelines. Pain (Chronic) chapter. Cyclobenzaprine section.

Decision rationale: In this instance, the injured worker has been using Flexeril chronically, in the evenings only, which by report has been helpful for her lumbar spasms. The medication has been approved at times and denied at others. Cyclobenzaprine is a skeletal muscle relaxant and a central nervous system (CNS) depressant that is marketed as Flexeril by [REDACTED]. Cyclobenzaprine (Flexeril) is more effective than placebo in the management of back pain; the effect is modest and comes at the price of greater adverse effects. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. Treatment should be brief. There is also a post-op use. The addition of Cyclobenzaprine to other agents is not recommended. It is recognized that the injured worker appears to derive benefit in terms of muscle spasm. However, the CA MTUS and the Official Disability Guidelines each recommend Cyclobenzaprine be used for short periods of time, generally 2-3 weeks. As the independent medical review is guideline driven, Cyclobenzaprine tab 10 mg, thirty count with two refills is not medically necessary.