

Case Number:	CM15-0077747		
Date Assigned:	04/29/2015	Date of Injury:	04/13/2012
Decision Date:	06/05/2015	UR Denial Date:	04/14/2015
Priority:	Standard	Application Received:	04/23/2015

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 50 year old female who sustained a work related injury April 13, 2012. Past history included s/p lumbar decompression, December, 2013. According to a primary treating physician's progress report, dated March 5, 2015, the injured worker presented with complaints of low back pain, rated 6/10, with left lower extremity symptoms(unspecified). The physician documents that current medications facilitates maintenance of activities of daily living such as; light household duties, shopping for groceries, grooming and cooking. Physical examination reveals tenderness in the lumbar spine with limited range of motion due to pain. There is a positive straight leg raise, left, for pain to the foot. Diagnosis is documented as low back pain with lower extremity symptoms. Treatment plan included continue with physical therapy and acupuncture, Tramadol, and at issue, a 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 Treatment Guidelines muscle relaxants.

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. The pain assessments in the limited clinical records submitted for review did not include many of the elements suggested by the Guidelines. 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. In the absence of such evidence, the current request for 90 tablets of cyclobenzaprine 7.5mg to be dispensed on 05/11/2015 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.