

Case Number:	CM15-0078120		
Date Assigned:	04/29/2015	Date of Injury:	02/13/2013
Decision Date:	05/28/2015	UR Denial Date:	04/22/2015
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: 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 was a 65-year-old female, who sustained an industrial injury, February 13, 2013. The injured worker previously received the following treatments Cyclobenzaprine, Venlafaxine, Burtrans Patches, Protonix, Anaprox, acupuncture, Topamax, Meloxicam, Ibuprofen and psychiatric intervention. The injured worker was diagnosed with anxiety, depression, post-traumatic stress disorder, thoracic spine sprain/strain, lumbar region sprain/strain chronic and post-traumatic headache. According to progress note of March 4, 2015, the injured workers chief complaint was chronic neck, bilateral upper extremity and back pain. The injured was receiving great benefit from acupuncture therapy and reducing muscle tension and pain in the back. The treating physician added Butrans Patches, which again reduced the pain by 50%. The physical exam noted lumbar spine tenderness with palpation at the lumbosacral junction. The muscle tension extended from the lower back to the mid back. The straight leg raises were negative bilaterally. The treatment plan included Cyclobenzaprine (Flexeril).

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine-Flexeril 7.5mg, #90, SIG: 1/2-1 at night for spasms as needed, #90:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG-TWC) Pain Procedure Summary.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine Section Muscle Relaxants (for pain) section Page(s): 41, 42, 63, 64.

Decision rationale: Cyclobenzaprine is recommended by the MTUS Guidelines for short periods with acute exacerbations, but not for chronic or extended use. These guidelines report that the effect of cyclobenzaprine is greatest in the first four days of treatment. Cyclobenzaprine is associated with a number needed to treat of three at two weeks for symptoms improvement in low back pain and is associated with drowsiness and dizziness. Chronic use of cyclobenzaprine may cause dependence, and sudden discontinuation may result in withdrawal symptoms. Discontinuation should include a tapering dose to decrease withdrawal symptoms. This request however is not for a tapering dose. This injured worker has been treated with cyclobenzaprine in a chronic nature for pain relief. The request for Cyclobenzaprine-Flexeril 7.5mg, #90, SIG: 1/2-1 at night for spasms as needed, #90 is determined to be not medically necessary.