

Case Number:	CM15-0092014		
Date Assigned:	05/18/2015	Date of Injury:	01/01/2008
Decision Date:	06/26/2015	UR Denial Date:	04/18/2015
Priority:	Standard	Application Received:	05/13/2015

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: Internal 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 54 year old male, who sustained an industrial injury on 1/01/2008. Diagnoses include low back pain, lumbar radiculopathy, lumbar spondylolisthesis and lumbar spondylosis at L4. Treatment to date has included diagnostics and medications including Tramadol and Norco, acupuncture, physical therapy, epidural steroid injections, home exercise and bilateral facet blocks. Magnetic resonance imaging (MRI) of the lumbar spine dated 7/11/2014 showed grade 1 anterolisthesis at L4-5 with disc desiccation. Per the Primary Treating Physician's Progress Report dated 3/25/2015, the injured worker reported low back pain, bilateral lower extremity pain and groin pain. Pain in the low back and legs was rated as 8/10 on a subjective pain scale. Physical examination revealed marked tenderness to palpation of the mid to lower lumbar spine both centrally and paraspinally. There was some mild muscle guarding and spasms. He had decreased ranges of motion in all arcs. Authorization was requested on 3/25/2015 for surgical intervention including L4-5 anterior lumbar interbody discectomy and fusion, purchase of a lumbar brace and medications including Cyclobenzaprine 7.5mg #60, Percocet 5/325mg #150, Gabapentin 600mg #90, Colace 100mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 7.5mg, #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47-49, Chronic Pain Treatment Guidelines Muscle relaxants Pages 63-66. Decision based on Non-MTUS Citation FDA Prescribing Information Cyclobenzaprine <http://www.drugs.com/pro/flexeril.html>.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) addresses muscle relaxants. American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) states that muscle relaxants seem no more effective than NSAIDs for treating patients with musculoskeletal problems, and using them in combination with NSAIDs has no demonstrated benefit. Muscle relaxants may hinder return to function by reducing the patient's motivation or ability to increase activity. Table 3-1 states that muscle relaxants are not recommended. Chronic Pain Medical Treatment Guidelines addresses muscle relaxants. Muscle relaxants should be used with caution as a second-line option for short-term treatment. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. According to a review in American Family Physician, muscle relaxants should not be the primary drug class of choice for musculoskeletal conditions. Chronic Pain Medical Treatment Guidelines state that Cyclobenzaprine (Flexeril) is an option for a short course of therapy. Treatment should be brief. The addition of Cyclobenzaprine to other agents is not recommended. FDA guidelines state that Cyclobenzaprine is indicated for acute musculoskeletal conditions. Cyclobenzaprine should be used only for short periods (up to two or three weeks) because adequate evidence of effectiveness for more prolonged use is not available. The progress report dated 3/5/15 indicated complaints of low back pain with radiating bilateral leg discomfort. The diagnosis was lumbosacral multi-level disc bulging with lumbago, lumbar disc displacement, lumbar myofasciitis and lumbar radiculopathy. A neurosurgical report dated 3/25/15 gave the patient a working diagnosis of low back pain with radiculopathy, spondylosis and spondylolisthesis. Examination of the spine demonstrated some mild muscle guarding and spasm. The progress report dated 3/25/15 documented the prescription of Cyclobenzaprine. The date of injury of 01-01-2008, Medical records document that the patient's occupational injuries are chronic. MTUS, ACOEM, and FDA guidelines do not support the use of Cyclobenzaprine (Flexeril) for chronic conditions. The use of Cyclobenzaprine (Flexeril) is not supported by MTUS, ACOEM, or FDA guidelines. Therefore, the request for Cyclobenzaprine is not medically necessary.