

<b>Case Number:</b>	CM13-0063840		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	06/22/2010
<b>Decision Date:</b>	10/09/2014	<b>UR Denial Date:</b>	11/26/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/09/2013

### 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. The expert reviewer is Board Certified in Internal Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 injured on 06/23/10 as a result of lifting and twisting resulting in complaints of low back pain with radiation of pain and weakness into the bilateral lower extremities. Diagnoses include displacement of intervertebral disc of the lumbar spine, degeneration of lumbar disc, and low back pain. Clinical note dated 11/14/13 indicated the injured worker presented complaining of low back and bilateral lower extremity pain with associated numbness and tingling in bilateral lower extremities. The injured worker reported increase lower extremity weakness, right greater than left, with occasional falls due to legs giving way. The injured worker rated pain at 10/10 with reported inability to perform activities of daily living. Documentation indicated the injured worker apprehensive regarding lumbar epidural steroid injection, surgical consultation, or acupuncture visits due to anxiety over needles. Documentation indicated the injured worker at high risk for opioid abuse due to personal history of amphetamine abuse in addition to depression. The injured worker reported taking Trazodone and Vicodin from a friend, is not taking Gabapentin, using Lidoderm for localized low back pain. Medications include Fosinopril, Amlodipine, Trazodone, Ketoprofen, Omeprazole, Lidocaine topical, and Cyclobenzaprine. Physical examination noted limited lumbar range of motion in all planes, motor strength 5/5 in bilateral lower extremities, sensation diminished to light touch along all dermatomes in bilateral lower extremities, deep tendon reflexes 2+ bilaterally, straight leg raise positive bilaterally. The initial request was non-certified on 11/26/13.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cyclobenzaprine 10mg #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine Page(s): 41.

**Decision rationale:** As noted on page 41 of the Chronic Pain Medical Treatment Guidelines, Cyclobenzaprine is recommended as a second-line option for short-term (less than two weeks) treatment of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain. Studies have shown that the efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. Based on the clinical documentation, the injured worker has exceeded the 2-4 week window for acute management also indicating a lack of efficacy if being utilized for chronic flare-ups. Additionally, the objective findings failed to establish the presence of spasm warranting the use of muscle relaxants. As such, the request for Cyclobenzaprine 10mg #30 is not medically necessary and appropriate.