

<b>Case Number:</b>	CM13-0064019		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	05/03/2007
<b>Decision Date:</b>	05/16/2014	<b>UR Denial Date:</b>	11/25/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/11/2013

### 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 Neuromusculoskeletal Medicine and is licensed to practice in Arizona. 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:

This is a 33-year-old male with a date of injury on 5/03/2007 who sustained a fall while working as a warehouse worker that lead to ongoing low back pain with pain referral to the bilateral extremities; more on the left. An MRI near the date of injury demonstrates the development of a herniated nucleus pulposus at the L5-S1 level. The patient has had numbness, tingling and weakness in his lower back, buttocks and extremities. The patient's lumbar MRI dated 10/11/2012 demonstrates 'L5-S1 disc level show degenerative disc dehiscence of the nucleus pulposus with a 5.5mm downward protrusion of the nucleus pulposus indenting the anterior portion of the lumbosacral sac, minimal decrease in the anteroposterior (AP) sagittal diameter of lumbosacral canal. The neural foramina appear patent, normal articular facets; lateral recesses are clear, normal ligamentum flavum.' An electromyography (EMG) performed on 07/28/2012 demonstrates no evidence of lumbosacral radiculopathy, no sensory or motor polyneuropathy and no obvious peripheral nerve entrapment at the knees or ankles.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**CYCLOBENZAPRINE:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines PAIN INTERVENTION AND TREATMENTS Page(s): 41-42, 64.

**Decision rationale:** Cyclobenzaprine (Flexeril®®, Amrix®®, Fexmid™, generic available) is recommended for a short course of therapy as a skeletal muscle relaxant and a central nervous system depressant with similar effects to tricyclic antidepressants (e.g. Amitriptyline). It is more effective than placebo in the management of back pain, although the effect is modest and comes at the price of adverse effects. Cyclobenzaprine is associated with a number needed to treat of 3 at 2 weeks for symptom improvement. The greatest effect appears to be in the first 4 days of treatment. The requesting physician's handwritten progress notes are difficult to read to outright illegible. If the patient's condition is documented, I cannot read it. As I am unable to determine the patient's condition and the use of Cyclobenzaprine is for 'short term use' whose greatest efficacy is in the first 4 days of treatment and given the fact that patient was previously ordered enough medication to allow for appropriate weaning by the physician who performed the Utilization Review, I find that it is not medically necessary.

**NORCO:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines PAIN INTERVENTION AND TREATMENTS Page(s): 75, 91.

**Decision rationale:** Short-acting opioids are an effective method in controlling chronic pain. They are often used for intermittent or breakthrough pain usually often combined with other analgesics such as acetaminophen and aspirin. The duration of action is generally 3-4 hours and is indicated for moderate to moderately severe pain. This medication is utilized for moderate to moderately severe chronic pain. I am able to discern the patient's pain is continuous and moderate in pain level. As opioid pain medications are considered first-line therapy in treating moderate to severe pain, their use is medically necessary to provide relief of a patient's discomfort so they can perform both activities of daily living and activities as preferably desired.