

<b>Case Number:</b>	CM13-0066416		
<b>Date Assigned:</b>	01/17/2014	<b>Date of Injury:</b>	02/13/2013
<b>Decision Date:</b>	08/11/2014	<b>UR Denial Date:</b>	12/09/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/16/2013

### 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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Management 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:

This is a patient with a date of injury of 2/13/13. A utilization review determination dated 12/9/13 recommends not medically necessary of Cyclobenzaprine and Docuprene. On 11/6/13 medical report (9/26/13 date of exam) identifies low back pain 8/10. Medications include naproxen, Flexeril, and Prilosec. She is complaining of some constipation when she takes the Norco. As she has constipation with the Norco, she has to change out the medication use. On exam, there it lumbar paraspinal tenderness and positive facet loading. Decreased right L4-L5 dermatomes to pinprick and light touch, 5-/5 right tibialis anterior, inversion, and plantar flexion. The provider notes that the patient utilizes one Flexeril a day to help reduce muscle spasms and improve sleep. Medications requested/recommended consist of omeprazole, naproxen, Cyclobenzaprine, and Docuprene.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cyclobenzaprine 7.5mg #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68, 41-42, 22, 77.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-66.

**Decision rationale:** Regarding the request for Cyclobenzaprine (Flexeril), Chronic Pain Medical Treatment Guidelines support the use of nonsedating muscle relaxants to be used with caution as a 2nd line option for the short-term treatment of acute exacerbations of pain. Guidelines go on to state that Cyclobenzaprine specifically is recommended for a short course of therapy. Within the documentation available for review, there is no identification of a specific analgesic benefit or objective functional improvement because of the Cyclobenzaprine. Additionally, it does not appear that this medication is being prescribed for the short-term treatment of an acute exacerbation, as recommended by guidelines. In the absence of such documentation, the currently requested Cyclobenzaprine is not medically necessary.

**Docuprene 100mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68, 41-42, 22, 77.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 76-79, 120.

**Decision rationale:** Regarding the request for Docuprene, the California MTUS supports laxatives in the prevention/treatment of constipation secondary to opioid use. Within the documentation available for review, it is noted that the patient has had constipation secondary to Norco use in the past, but it does not appear that Norco continues to be utilized and no other rationale for the continued use of Docuprene has been presented. In the absence of clarity regarding the above, the currently requested Docuprene is not medically necessary.