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| <b>Case Number:</b>   | CM14-0006581 |                              |            |
| <b>Date Assigned:</b> | 03/03/2014   | <b>Date of Injury:</b>       | 06/09/2012 |
| <b>Decision Date:</b> | 06/30/2014   | <b>UR Denial Date:</b>       | 01/07/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 01/17/2014 |

### 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 Interventional Spine, 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 patient presents with lower back pain with occasional radiation, numbness, and tingling in lower extremities bilaterally, and bilateral knee pain. The treater has asked Cyclobenzaprine 7.5mg #30 on 12/12/13. Patient has been taking Baclofen as early as 3/6/13 report. On 4/9/13, 5/28/13, 7/19/13, patient is prescribed Baclofen, and a UDS showed compliance in 5/28/13 report. On 9/4/13 and 12/12/13, patient is prescribed Cyclobenzaprine, and "pain decreases with medications" per 9/4/13 report. Otherwise, pain remains constant in provided reports, and there is no mention of efficacy of either Baclofen or Cyclobenzaprine. Regarding Cyclobenzaprine, MTUS recommends as an option, using a short course of therapy for back pain and as post-op use. Regarding muscle relaxants for pain, MTUS recommends with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. Patient has been taking Cyclobenzaprine since 9/4/13, and Baclofen, another muscle relaxant, since 4/9/13. MTUS recommends muscle relaxants as a short-term treatment of acute low back pain, and patient has seen little improvement in pain over 8 month period. Recommendation is for denial.

### 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:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, CYCLOBENZAPRINE (FLEXERIL), 63-64

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines MTUS Chronic Pain Medical Treatment Guidelines for Flexeril, Page(s): 41-42.

**Decision rationale:** This patient presents with lower back pain with occasional radiation, numbness, and tingling in lower extremities bilaterally, and bilateral knee pain. The treater has asked Cyclobenzaprine 7.5mg #30 on 12/12/13. Patient has been taking Baclofen as early as 3/6/13 report. On 4/9/13, 5/28/13, 7/19/13, patient is prescribed Baclofen, and a UDS showed compliance in 5/28/13 report. On 9/4/13 and 12/12/13, patient is prescribed Cyclobenzaprine, and "pain decreases with medications" per 9/4/13 report. Otherwise, pain remains constant in provided reports, and there is no mention of efficacy of either Baclofen or Cyclobenzaprine. Regarding Cyclobenzaprine, MTUS recommends as an option, using a short course of therapy for back pain and as post-op use. Regarding muscle relaxants for pain, MTUS recommends with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. Patient has been taking Cyclobenzaprine since 9/4/13, and Baclofen, another muscle relaxant, since 4/9/13. MTUS recommends muscle relaxants as a short-term treatment of acute low back pain, and patient has seen little improvement in pain over 8 month period. request is not medically necessary.

**TRAMADOL ER 150 MG #30:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, OPIOIDS - TRAMADOL (ULTRAM), 93-94

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol, p113, and, Opioids - Tramadol (Ultram), Page(s): 113 and 93-94.

**Decision rationale:** This patient presents with lower back pain with occasional radiation, numbness, and tingling in lower extremities bilaterally, and bilateral knee pain. The treater has asked Cyclobenzaprine 7.5mg #30 on 12/12/13. Patient has been taking Baclofen as early as 3/6/13 report. On 4/9/13, 5/28/13, 7/19/13, patient is prescribed Baclofen, and a UDS showed compliance in 5/28/13 report. On 9/4/13 and 12/12/13, patient is prescribed Cyclobenzaprine, and "pain decreases with medications" per 9/4/13 report. Otherwise, pain remains constant in provided reports, and there is no mention of efficacy of either Baclofen or Cyclobenzaprine. Regarding Cyclobenzaprine, MTUS recommends as an option, using a short course of therapy for back pain and as post-op use. Regarding muscle relaxants for pain, MTUS recommends with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. Patient has been taking Cyclobenzaprine since 9/4/13, and Baclofen, another muscle relaxant, since 4/9/13. MTUS recommends muscle relaxants as a short-term treatment of acute low back pain, and patient has seen little improvement in pain over 8 month period. Request is not medically necessary.

