

<b>Case Number:</b>	CM14-0008033		
<b>Date Assigned:</b>	02/12/2014	<b>Date of Injury:</b>	12/30/2004
<b>Decision Date:</b>	08/04/2014	<b>UR Denial Date:</b>	01/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/21/2014

### 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 Occupational 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 patient is a 48-year-old female who has submitted a claim for lumbar radiculopathy, lumbar disc degeneration, lumbar facet arthropathy status post lumbar fusion, status post bilateral total knee arthroplasty associated with an industrial injury date of 12/30/2004. Medical records from 12/13/2012 to 01/16/2014 were reviewed and showed that patient complained of low back pain graded 8-10/10 that radiated down the lower extremities. There was complaint of bilateral knee pain 8-10/10 aggravated by activity and walking. Physical examination of the lumbar spine revealed spasm and tenderness over the L4-S1 levels. Lumbar spine ROM was limited by pain. Sensation to light touch was decreased along the L4-5 dermatome in bilateral lower extremities. Motor strength was decreased over the L4-5 dermatomal level. A SLR test in the seated position was positive bilaterally at 40 degrees. The physical examination of the bilateral knees revealed tenderness over bilateral knees otherwise normal physical exam. An MRI of the lumbar spine dated 08/09/2011 revealed L4-5 anterolisthesis and compromise of the exiting right L4 nerve root. MRI of the lumbar spine dated 03/17/2008 revealed L4-5 mild spinal stenosis and significant narrowing of the lateral recesses and straightening of the normal curvature from muscle spasm. MRI of the left knee dated 02/10/2007 revealed medial and lateral meniscal tear. MRI of the right knee dated 02/10/2007 revealed medial meniscal tear and chondromalacia patella. An MRI of the left knee dated 03/17/2008 revealed medial meniscal tear and absent lateral meniscus. An MRI of the right knee dated 03/17/2008 revealed lateral meniscal tear, chondromalacia patella, and likely tear of the lateral collateral ligament. Treatment to date has included lumbar anterior-posterior interbody fusion, bilateral knee arthroplasty, physical therapy, home exercise program, MS Contin, Ondansetron, Cyclobenzaprine, Norco, Gabapentin, and Lidocaine. Utilization review, dated 01/02/2014, denied the request for Cyclobenzaprine 7.5mg #90 because the guidelines do not support the use of Cyclobenzaprine for the patient's condition.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**CYCLOBENZAPRINE 7.5mg, #90:** Upheld

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

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

**Decision rationale:** According to page 41-42 of the California MTUS Chronic Pain Medical Treatment Guidelines, sedating muscle relaxants are recommended with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better and treatment should be brief. In this case, the patient has been prescribed Cyclobenzaprine 7.5mg BID, #60 for muscle spasms since 10/22/2013. Although muscle spasms over the L4-S1 lumbar paraspinal muscles are recently noted, long-term use of Cyclobenzaprine is not in conjunction with guidelines recommendation. In addition, the 12/19/13 medical report shows pain ratings of 9/10 without medications and 8/10 with, indication that the medications are not providing significant relief. Therefore, the request for Cyclobenzaprine 7.5mg, #90 is not medically necessary.