

<b>Case Number:</b>	CM14-0167094		
<b>Date Assigned:</b>	10/14/2014	<b>Date of Injury:</b>	07/30/2003
<b>Decision Date:</b>	11/18/2014	<b>UR Denial Date:</b>	10/01/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/10/2014

### 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 Family 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:

This is a 47 years old male injured worker who sustained an injury on 7/30/2003. He sustained a spinal cord injury and head trauma due to fell from about 12 feet height. The current diagnoses include anterior spinal artery compression syndrome, low back pain, neck pain, incomplete quadriplegia C5-C7, chronic pain, chronic depression, sleep apnea, GERD, neurogenic bladder, erectile dysfunction and post-traumatic brain injury. Per the doctor's note dated 9/24/2014 he had complaints of persistent neck and low-back pain; headache and constipation. The physical examination revealed neurogenic bowel and bladder, spasticity, headache, anxiety and depression, stiff and antalgic gait with the use of bilateral forearm crutches for ambulation, strength 4/5 in the right shoulder, and spasticity in the right more than left lower extremity and right upper extremity. The current medications list includes Cyclobenzaprine, Norco, MS Contin, Duloxetine, Lactulose, Senna S and Bisacodyl. He has had CT scan of the cervical spine dated 07/30/03 which revealed fracture of C5-6 with subluxation and closed fracture of cervical spine, C5-6 level with spinal cord injury; CT scan of the head dated 07/30/03 which revealed possible right cerebral contusion; subsequent CT scan of the head dated 08/18/03 with grossly unremarkable intracranial contents; X-ray of the skull dated 07/01/09 with negative results. He has undergone C3-T2 spinal fusion bilaterally in August 2003. He has had physical therapy visits, psychotherapy, facet blocks, epidurals, bilateral forearm crutches, CPAP machine and neck brace for this injury. He has had urine drug screen report dated 11/5/2012 and 2/7/2013 with inconsistent results.

### 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 Cyclobenzaprine.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril, Amrix, Fexmid , generic available) Page(s): 64.

**Decision rationale:** This is a request for Cyclobenzaprine 10mg #30. Cyclobenzaprine is a skeletal muscle relaxant and a central nervous system (CNS) depressant. According to California MTUS, Chronic pain medical treatment guidelines, Cyclobenzaprine is "Recommended for a short course of therapy. Limited, mixed-evidence does not allow for a recommendation for chronic use. Cyclobenzaprine is more effective than placebo in the management of back pain, although the effect is modest and comes at the price of adverse effects. It has a central mechanism of action, but it is not effective in treating spasticity from cerebral palsy or spinal cord disease." According to the records provided, injured worker had complaints of neck and low back pain. According to the cited guidelines Flexeril is recommended for short term therapy and not recommended for longer than 2-3 weeks. The level of the pain with and without medications is not specified in the records provided. The need for Cyclobenzaprine Hydrochloride on a daily basis with lack of documented improvement in function is not fully established. In addition Cyclobenzaprine is not effective in treating spasticity from cerebral palsy or spinal cord disease. The medical necessity of Cyclobenzaprine 10mg #30 is not established; therefore, the request is not medically necessary.