

<b>Case Number:</b>	CM14-0185826		
<b>Date Assigned:</b>	11/13/2014	<b>Date of Injury:</b>	07/24/2009
<b>Decision Date:</b>	12/15/2014	<b>UR Denial Date:</b>	10/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/07/2014

### 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 Internal 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:

Pursuant to the clinical note dated June 3, 2014, the IW reports back and leg pain rated 6/1-0. She states she has improvement with medications. The IW had no change in the level of function during activity. Physical examination revealed tenderness to the lumbar spine at L5-S1 bilaterally. The IW was diagnosed with lumbar strain. The provider recommends that the IW continue Tramadol, Flexeril and Gabapentin. Additionally, Ultracet and Voltaren gel were prescribed. It was recommended that the IW undergo a neuropsychological evaluation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cyclobenzaprine 5 mg tablet, # 60, take one tablet by mouth twice daily as needed for muscle spasms:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 65-66. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, Muscle Relaxants

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Cyclobenzaprine 5 mg #60 take one tablet by mouth twice daily as needed

for muscle spasms. The guidelines recommend non-sedating muscle relaxers with caution as a second line option for short-term (less than two weeks) treatment of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain. In most low back pain cases, they show no benefit beyond nonsteroidal anti-inflammatory drugs in pain and overall improvement. In this case, the injured worker is a 52-year-old woman with an injury sustained on July 24, 2009. The injured worker was diagnosed with idiopathic scoliosis thoracolumbar spine; status post fusion thoracolumbar spine; probable osteoarthritis; lower lumbar-upper thoracic facet syndrome, cervical sprain/strain and cephalgia secondary to cervical strain/sprain and scoliosis. The medical record does not indicate or contain evidence the injured worker was being treated for low back pain (chronic). Additionally, muscle relaxants are for short-term use, up to 2 to 3 weeks. The injured worker has been taking a protracted course of cyclobenzaprine. There are no compelling clinical facts in the medical record to support the long-term use. This is inconsistent with the ODG. Consequently, Cyclobenzaprine 5 mg #60 tablet twice daily as needed for muscle spasms is not medically necessary.