

<b>Case Number:</b>	CM14-0025783		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	08/18/2006
<b>Decision Date:</b>	08/13/2014	<b>UR Denial Date:</b>	02/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/28/2014

### 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 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 injured worker is a 42-year-old male who reported an injury on 08/18/2006, due to an unknown mechanism of injury. The injured worker complained of low back pain that radiated to both lower extremities. On 12/17/2013, the physical examination revealed crepitus, tenderness, effusion, and tenderness noted in the L4-5 midline. The provider indicated the injured worker had pain to the low back which was constant, moderate to severe in intensity, and of an aching quality. The injured worker reported his pain worsened with sitting for a long time. There were no diagnostic studies submitted for review. The injured worker had a diagnosis of low back pain and lumbar radiculopathy. There was no indication of any additional past treatment methods in the documentation provided other than medication. The injured worker's medications included Amrix 15 mg, Norco 5/325 mg, Flexeril 10mg, Lyrica 150mg, Prevacid 30mg, and Voltaren 1% topical gel. The Request for Authorization form was dated 02/11/2014. The provider's rationale for the request was not submitted for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Amrix (Cyclobenzaprine HCL) 150MG #30 with two (2) refills:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-67.

**Decision rationale:** The request for Amrix (Cyclobenzaprine HCL) 150 mg #30 with 2 refills is not medically necessary. The injured worker has a history of low back pain. The CA MTUS guidelines recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute low back pain and for short treatment of acute exacerbations in patients with chronic low back pain. Long term and continuous use may not be appropriate as they show no benefit in terms of pain and overall improvement when compared to NSAIDs. Efficacy appears to diminish over time, and prolonged use of muscle relaxants may lead to dependence. There is a lack of documentation provided demonstrating the medication's efficacy to support continuation. There is a lack of documentation indicating the injured worker has significant objective functional improvement with the medication. The injured worker has been prescribed the medication since at least 04/2013 which exceeds the guideline recommendation for a short course of care. In addition, the frequency for the proposed medication was not provided. Given the above, the request for Amrix (Cyclobenzaprine HCL) 150 mg #30 with 2 refills is not medically necessary.