

<b>Case Number:</b>	CM14-0034592		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	10/30/1992
<b>Decision Date:</b>	07/18/2014	<b>UR Denial Date:</b>	02/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/20/2014

### 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 & Emergency Medicine and is licensed to practice in Florida. 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 is a 49 year-old male with a date of injury of 10/30/92. A progress report associated with the request for services, dated 01/10/14, identified subjective complaints of back pain. Objective findings and diagnosis page was missing. Previous diagnoses had included lumbar disc disease with radiculopathy. Previous examinations have revealed tenderness to palpation. Motor and sensory functions were normal. Treatment has included an epidural steroid injection. He was on Norco and topical analgesics. A Utilization Review determination was rendered on 02/25/14 recommending non-certification of "cyclobenzaprine 7.5 mg tablet #30; CM4-caps 0.05% +cyclo 4%; gym membership with access to swimming pool (6 months); and transforaminal epidural steroid injection (TESI) bilaterally at L4, L5 and S1".

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **CYCLOBENZAPRINE 7.5 MG TABLET #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (For Pain) Page(s): 64.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine; Muscle Relaxants, page(s) 41-42; 63-66 Page(s): 41-42, 63-66.

**Decision rationale:** Flexeril (cyclobenzaprine) is an antispasmodic muscle relaxant. The Medical Treatment Utilization Schedule (MTUS) states that muscle relaxants are recommended with caution as a second-line option for short-term treatment of acute exacerbations of low back pain. They note that in most low-back pain cases, they show no benefit beyond non-steroidal anti-inflammatory drugs (NSAIDs) in pain and overall improvement. Also, there is no additional benefit shown in combination of NSAIDs. Likewise, the efficacy diminishes over time. The MTUS states that cyclobenzaprine (Flexeril) is indicated as a short course of therapy. Limited, mixed evidence does not allow a recommendation for cyclobenzaprine for chronic use. Though it is noted that cyclobenzaprine is more effective than placebo in the management of back pain; the effect is modest and comes at the price of greater adverse effects. They further state that treatment should be brief and that addition of cyclobenzaprine to other agents is not recommended. The Guidelines do note that cyclobenzaprine has been shown to produce a moderate benefit in the treatment of fibromyalgia. The record does not show any evidence of fibromyalgia, and other indications for Flexeril beyond a short course are not well supported. The patient has been on Flexeril for a prolonged period. Likewise, it has not been prescribed in the setting of an acute exacerbation of symptoms. Therefore, based upon the Guidelines, the record does not document the further medical necessity for Flexeril (cyclobenzaprine).

**CM4-CAPS 0.05% +CYCLO 4%:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 112-113.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

**Decision rationale:** The Medical Treatment Utilization Schedule (MTUS) Chronic Pain Guidelines state that topical analgesics are recommended as an option in specific circumstances. However, they do state that they are "Largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed." Capsaicin is an active component of chili peppers and acts as an irritant. The Guidelines for Chronic Pain state that capsaicin topical is "Recommended only as an option in patients who have not responded or are intolerant to other treatments." It is noted that there are positive randomized trials with capsaicin cream in patients with osteoarthritis, fibromyalgia, and chronic non-specific low back pain, but it should be considered experimental at very high doses. The Guidelines further note that although capsaicin has moderate to poor efficacy, it may be particularly useful (alone or in combination with other modalities) in patients whose pain has not been controlled successfully with conventional therapy. The Official Disability Guidelines (ODG) state that neither salicylates nor capsaicin have shown efficacy in the treatment of osteoarthritis. Cyclobenzaprine cream is a muscle relaxant being used as a topical analgesic. The MTUS Guidelines specifically state that there is no evidence for baclofen or any other muscle relaxant as a topical product. The Guidelines further state: "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." Therefore, in this case, there is no documentation of the failure of conventional therapy, documented functional improvement, or recommendation

for all the ingredients of the compound and therefore the medical necessity of the compounded formulation.

**GYM MEMBERSHIP WITH ACCESS TO SWIMMING POOL (6 MONTHS): Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Gym Memberships.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 299, 309.

**Decision rationale:** The Medical Utilization Treatment Schedule (MTUS) state that low-stress aerobic exercise is recommended with low back pain. The MTUS and the Official Disability Guidelines (ODG) state that exercise is recommended for all forms of pain. However, they note that there is insufficient evidence to recommend any particular exercise regimen over another. Therefore, in this case, the record does not document the medical necessity for an exercise program that involves a gym membership.

**TRANSFORAMINAL EPIDURAL STEROID INJECTION (TESI) BILATERALLY AT L4, L5 AND S1: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of Epidural Steroig Page(s): 46.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines The Medical Utilization Treatment Schedule (MTUS) state that low-stress aerobic exercise is recommended with low back pain. The MTUS and the Official Disability Guidelines (ODG) state that exercise is recommended for all forms of pain. However, they note that there is insufficient evidence to recommend any particular exercise regimen over another. Epidural Steroid Injections Page(s): 46.

**Decision rationale:** The Medical Treatment Utilization Schedule Chronic Pain Guidelines note that epidural steroids injections (ESI) offer short-term relief from radicular pain, but do not affect impairment or need for surgery. Criteria for ESIs include radiculopathy documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Further, no more than one interlaminar level should be injected at one session. The Official Disability Guidelines (ODG) states that an epidural steroid injection "... offers no significant long-term benefit." Criteria include objective findings of radiculopathy corroborated by imaging studies and/or electrodiagnostic testing. They should be done using fluoroscopy. During the diagnostic phase, a maximum of one to two injections and the second block is not indicated without 30% or more improvement from the first. No more than two nerve roots should be injected using transforaminal blocks and no more than one interlaminar level during one session. If there is a documented response to the therapeutic blocks (50-70% pain relief for at least 6-8 weeks), then up to 4 blocks per region per year may be used. Current research does not support "series-of-three" injections. The claimant does not have documentation of objective findings of a

radiculopathy supported by imaging. There is also no documentation of the effect of the previous epidural injection. Likewise, the criteria noted above are not met. Therefore, there is no documented medical necessity for a transforaminal epidural steroid injection.