

<b>Case Number:</b>	CM14-0039463		
<b>Date Assigned:</b>	06/27/2014	<b>Date of Injury:</b>	06/07/2004
<b>Decision Date:</b>	12/10/2014	<b>UR Denial Date:</b>	03/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/03/2014

### 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 Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in New Jersey. 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 45-year-old man who sustained a work related injury on June 7, 2004. The patient subsequently developed chronic low back and right lower extremity pain. MRI of the lumbar spine, performed on 2004, showed L4-5 and L5-S1 bilateral neuroforaminal narrowing and facet arthropathy. EMG/NCS from 2004 showed no radiculopathy. A repeat EMG/NCS on July 21, 2011 showed mild acute right S1 radiculopathy. The patient underwent right TFESI L4-5, S1 on October 10, 2011 with 70% pain relief. He also underwent LESI on October 29, 2012 and he reported 70% relief that has lasted up approximately 4 months. According to the progress report of March 13, 2014, the patient had SLI injections done on August 12, 2013 and noted improvement of greater than 80% in his symptoms. Examination of the lumbar spine revealed limited range of motion in flexion, extension, lateral rotation, and lateral bending with increase in pain in all planes. Motor strength was 5/5 bilateral lower extremities. Sensation was normal to light touch, pinprick and temperature along all dermatomes bilateral lower extremities. Straight leg raise test was mildly positive right side at 60 degrees. Patrick/Gaenslen test was positive for SI arthropathy. Pace/Freiberg's test was positive for piriformis syndrome. Negative compression test; negative distraction test. The patient was diagnosed with lumbar disc with radiculitis, degeneration of lumbar disc, and low back pain. The provider requested authorization for Cyclobenzaprine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cyclobenzaprine tablet 7.5mg 1-2 orally QHS pm,60,180, refills 1: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63.

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

**Decision rationale:** According to MTUS guidelines, Cyclobenzaprine a non-sedating muscle relaxants is recommended with caution as a second line option for short term treatment of acute exacerbations in patients with chronic spasm and pain. Efficacy appears to diminish over time and prolonged use may cause dependence. The guidelines do not recommend being used form more than 2-3 weeks. The patient in this case does not have clear significant functional improvement with prior use of muscle relaxants. There is no evidence of recent evidence of spasm. Therefore, the request for Cyclobenzaprine tablets 7.5mg is not medically necessary.