

<b>Case Number:</b>	CM14-0059258		
<b>Date Assigned:</b>	07/09/2014	<b>Date of Injury:</b>	11/27/2007
<b>Decision Date:</b>	09/05/2014	<b>UR Denial Date:</b>	04/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/28/2014

### 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 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 35 year old male patient who reported an industrial injury on 11/27/2007 attributed to the effects of the industrial injury. The patient ultimately underwent surgical intervention to the lumbar spine. The patient was evaluated for low back pain radiating to the left lower extremity. The patient was noted to be prescribed Norco 10/325 mg three times a day, Cyclobenzaprine, Cymbalta, Trazodone and Senna. The objective findings on examination included mild tenderness to palpation of the paraspinals in the lumbar region bilaterally; decreased range of motion the lumbar spine; 4+/5 strength dorsi flexion, plantar flexion and EHL on the left; decreased sensation of pinprick on L4 and L5 distribution left; a straight leg raise test is positive on the left at 50. The diagnoses included possible postlaminectomy syndrome; status post L4 through S1 partial laminectomy; chronic low back pain radiating to the left lower extremity. The patient was prescribed Cyclobenzaprine 7.5 mg #40.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cyclobenzaprine 7.5 Mg #40:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-64.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47, Chronic Pain Treatment Guidelines Muscle relaxants for pain Page(s): 63-

64. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter-Medications for Chronic Pain; Muscle Relaxants; Cyclobenzaprine.

**Decision rationale:** The patient has been prescribed muscle relaxers on a long term basis contrary to the recommendations of the California MTUS. The patient is prescribed muscle relaxers on a routine basis for chronic pain. The muscle relaxers are directed to the relief of muscle spasms. The chronic use of muscle relaxants is not recommended by the California MTUS, the ACOEM Guidelines or the Official Disability Guidelines for the treatment of chronic pain. The use of muscle relaxants are recommended to be prescribed only briefly in a short course of therapy. There is no medical necessity demonstrated for the use of muscle relaxants for more than the initial short term treatment of muscle spasms. There is a demonstrated medical necessity for the prescription of muscle relaxers on a routine basis for chronic neck, back, and shoulder pain. The Cyclobenzaprine was used as an adjunct treatment for muscle and there is demonstrated medical necessity for the Cyclobenzaprine for the cited industrial injury. The continued prescription of a muscle relaxant was not consistent with the evidence based guidelines. The California MTUS states that Cyclobenzaprine is recommended for a short course of therapy. Limited, mixed evidence does not allow for a recommendation for chronic use. Cyclobenzaprine is a skeletal muscle relaxant and a central nervous system depressant with similar effects to tricyclic antidepressants. Evidence-based guidelines state that this medication is not recommended to be used for longer than 2 to 3 weeks. There is no demonstrated medical necessity for the prescription of Cyclobenzaprine 7.5 mg #40 for the effects of the industrial injury. Therefore the request is not medically necessary.