

<b>Case Number:</b>	CM14-0069900		
<b>Date Assigned:</b>	07/14/2014	<b>Date of Injury:</b>	09/20/2012
<b>Decision Date:</b>	09/10/2014	<b>UR Denial Date:</b>	05/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/15/2014

### 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:

This 50 year-old patient sustained an injury on 9/20/12 from performing usual work duties while employed by [REDACTED]. Request(s) under consideration include Cyclobenzaprine HCL 10mg. Diagnoses include lumbar sprain/ degenerative disc disease; chronic low back pain. Report of 12/12/13 from the provider noted patient with chronic persistent low back pain, muscle spasm, and stiffness. Medications list Flector patch, Flexeril, and Ambien. Exam showed limited lumbar movement; slightly antalgic gait with positive SLR on left. The report of 1/28/14 showed unchanged exam with limited lumbar mobility; 5/5 motor strength; and positive SLR. Medications to include Flexeril were continued. AME report of 4/21/14 noted the patient has received a PT program; Future medical recommended included medications reserved for flare-up of symptoms and to wean off present medication. Request(s) for Cyclobenzaprine HCL 10mg was partially-certified for quantity: 15 on 5/9/14 citing guidelines criteria and lack of medical necessity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cyclobenzaprine HCL 10mg:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 128.

**Decision rationale:** This 50 year-old patient sustained an injury on 9/20/12 from performing usual work duties while employed by [REDACTED]. Request(s) under consideration include Cyclobenzaprine HCL 10mg. Diagnoses include lumbar sprain/ degenerative disc disease; chronic low back pain. Report of 12/12/13 from the provider noted patient with chronic persistent low back pain, muscle spasm, and stiffness. Medications list Flector patch, Flexeril, and Ambien. Exam showed limited lumbar movement; slightly antalgic gait with positive SLR on left. The report of 1/28/14 showed unchanged exam with limited lumbar mobility; 5/5 motor strength; and positive SLR. Medications to include Flexeril were continued. AME report of 4/21/14 noted the patient has received a PT program; Future medical recommended included medications reserved for flare-up of symptoms and to wean off present medication. Request(s) for Cyclobenzaprine HCL 10mg was partially-certified for quantity: 15 on 5/9/14. Guidelines do not recommend long-term use of this muscle relaxant for this chronic injury of 2012. Additionally, the efficacy in clinical trials has been inconsistent and most studies are small and of short duration. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. Submitted reports have not adequately demonstrated the indication or medical need for this treatment and there is no report of significant clinical findings, acute flare-up or new injury to support for its long-term use. There is no report of functional improvement resulting from its previous treatment to support further use as the patient unchanged. The request for Cyclobenzaprine HCL 10mg is not medically necessary.