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| <b>Case Number:</b>   | CM14-0075779 |                              |            |
| <b>Date Assigned:</b> | 07/16/2014   | <b>Date of Injury:</b>       | 12/11/2013 |
| <b>Decision Date:</b> | 09/18/2014   | <b>UR Denial Date:</b>       | 05/16/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 05/23/2014 |

### 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 Orthopedic Surgery 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 patient is a 47-year-old female who has submitted a claim for lumbar strain associated with an industrial injury date of 12/11/2013. Medical records from 12/16/2013 to 07/16/2014 were reviewed and showed that patient complained of low back pain radiating down bilateral legs. Physical examination revealed tenderness over left lumbar paraspinal muscles. Decreased lumbar spine ROM was noted. Manual Muscle Test and sensation to light touch were intact. Decreased Deep Tendon Reflexes (DTR) for patellar tendon (1-2+) and Achilles tendon (0-1+) were noted bilaterally. SLR and femoral stretch tests were negative. MRI of the lumbar spine dated 05/04/2014 revealed L3-4 and L4-5 mild disc desiccation and protrusion without nerve root compression and L5-S1 mild disc desiccation and left-sided disc protrusion without thecal sac or nerve root compression. Treatment to date has included aquatic therapy, physical therapy, home exercise program, Naproxen, Prilosec, cyclobenzaprine (quantity and dosage unavailable; prescribed since 12/16/2013) Utilization review dated 05/16/2014 modified the request for generic Flexeril (cyclobenzaprine) to Flexeril (cyclobenzaprine) 10mg #10 for the purpose of weaning.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Generic Flexeril (cyclobenzaprine): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk, Anti-inflammatory medications, and Muscle relaxants Page(s): 22, 63-64, 68-69.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine Page(s): 41-42.

**Decision rationale:** According to page 41-42 of the CA MTUS Chronic Pain Medical Treatment Guidelines, sedating muscle relaxants are recommended with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better and treatment should be brief. In this case, the patient was prescribed cyclobenzaprine (quantity and dosage unavailable) since 12/16/2013. Physical exam findings do not reveal evidences of acute low back pain exacerbations to support cyclobenzaprine use. Moreover, the long-term use of cyclobenzaprine is not in conjunction with guidelines recommendation of brief treatment. There is no indication for continuation of cyclobenzaprine use. Therefore, the request for generic Flexeril is not medically necessary.