

<b>Case Number:</b>	CM14-0157837		
<b>Date Assigned:</b>	10/01/2014	<b>Date of Injury:</b>	06/20/2006
<b>Decision Date:</b>	11/17/2015	<b>UR Denial Date:</b>	09/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/26/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: Montana, Oregon, Idaho  
 Certification(s)/Specialty: Orthopedic Surgery

### 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 injured worker is a 38 year old female who sustained an industrial injury on 06-20-2006. According to an exam performed on 7-23-2014, the injured worker reported persistent low back pain. She described tailbone pain that was rated 7 on a scale of 1-10. Pain was described as sharp shooting type pain radiating to the bilateral lower extremities but worse on the right side. She felt that some of her medications were not helping. Gabapentin helped "significantly" for her neuropathic pain. She felt that her right lower extremity was weaker. Objective findings included spasms in the lumbar paraspinal muscles and stiffness noted in the lumbar spine. Antalgic gait was noted on the right. Dysesthesia to light touch in the right L5 and S1 dermatome was noted. Straight leg raise was noncontributory in the bilateral lower extremities. Diagnoses included lumbar radiculopathy, myofascial pain, chronic low back pain and lumbar degenerative disc disease. The treatment plan included 12-16 sessions of physical therapy, Gabapentin, Topiramate, Omeprazole, Cyclobenzaprine and Tizanidine. An authorization request dated 09-05-2014 was submitted for review. The requested services included 12-16 sessions of physical therapy, Gabapentin, Topiramate, Omeprazole, Cyclobenzaprine and Tizanidine. Documentation shows use of muscle relaxants since 03-04-2015. On 09-15-2014, Utilization Review non-certified the request for Cyclobenzaprine 10 mg #60 with 3 refills and Tizanidine 4 mg #30 with 3 refills.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cyclobenzaprine 10mg, #60 with 3 refills: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

**Decision rationale:** CA MTUS Chronic Pain Medical Treatment Guidelines, pages 64-65, reports that muscle relaxants are recommended to decrease muscle spasm in condition such as low back pain although it appears that these medications are often used for the treatment of musculoskeletal conditions whether spasm is present or not. The mechanism of action for most of these agents is not known. CA MTUS Chronic Pain Medical Treatment Guidelines, page 41 and 42, report that Cyclobenzaprine is recommended as an option, using a short course of therapy. See Medications for chronic pain for other preferred options. Cyclobenzaprine (Flexeril) is more effective than placebo in the management of back pain; the effect is modest and comes at the price of greater adverse effects. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. (Browning, 2001) Treatment should be brief. This medication is not recommended to be used for longer than 2-3 weeks. There is also a post-op use. The addition of cyclobenzaprine to other agents is not recommended. In this case, the workers injury occurred more than 8 years ago. The greatest benefit of this medication is in the acute period. In addition, the quantity of medication exceeds the recommended short course of treatment not to exceed 2-3 weeks. Therefore, according to the guidelines the request is not medically necessary.

**Tizanidine 4mg, #30 with 3 refills: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

**Decision rationale:** According to CA MTUS Chronic Pain Medical Treatment Guidelines, page 66, Tizanidine is a centrally acting alpha2-adrenergic agonist that is FDA approved for management of spasticity; unlabeled use for low back pain. (Malanga, 2008) Eight studies have demonstrated efficacy for low back pain. (Chou, 2007) One study (conducted only in females) demonstrated a significant decrease in pain associated with chronic myofascial pain syndrome and the authors recommended its use as a first line option to treat myofascial pain. It may also provide benefit as an adjunct treatment for fibromyalgia. According to a recent review in American Family Physician, skeletal muscle relaxants are the most widely prescribed drug class for musculoskeletal conditions (18.5% of prescriptions), and the most commonly prescribed antispasmodic agents are carisoprodol, cyclobenzaprine, metaxalone, and methocarbamol, but despite their popularity, skeletal muscle relaxants should not be the primary drug class of choice

for musculoskeletal conditions. In this case, the injured worker is being treated for chronic back pain, lumbar radiculopathy and myofascial pain. The medical documentation reports treatment with cyclobenzaprine since 3/4/15. The addition of other agents to cyclobenzaprine is not recommended according to the guidelines. Therefore, the request is not medically necessary.