

<b>Case Number:</b>	CM14-0209029		
<b>Date Assigned:</b>	12/22/2014	<b>Date of Injury:</b>	05/19/2014
<b>Decision Date:</b>	02/17/2015	<b>UR Denial Date:</b>	12/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/15/2014

### 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 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 36-year-old man who sustained a work-related injury on May 19, 2014. Subsequently, the patient developed chronic low back and mid back pain. MRI of the lumbar spine dated August 21, 2014 showed L1 and L2 degenerative bone and disc changes with 2 mm central disc bulges at each level mildly encroaching on the thecal sac but without nerve root encroachment. EMG of the bilateral lower extremities performed on September 15, 2014 documented normal study: no electrodiagnostic evidence of focal nerve entrapment, lumbar radiculopathy or generalized peripheral neuropathy affecting the lower limbs. Prior treatments included: 6 sessions of physical therapy with minimal relief, 22 sessions of chiropractic treatment with good relief, and Flexeril. According to a progress report dated October 24, 2014, the patient complained of mid-back and low back pain. The patient reported that he has been doing worse regarding his mid-back, mainly on the right side. He stated he does have spasms in his back with movements including bending forward or backward. He rated the level of his pain as a 4-5/10. He is awaiting authorization for an MRI of the thoracic spine and physical therapy for the thoracic and lumbar spine. The patient is avoiding medications as he has a lot of allergies. On examination, the patient had significant bilateral lumbar spasms, right worse than left. Thoracic and lumbar ranges of motion were restricted by pain. Sensation was altered right of L4 and bilateral L5-S1. Motor strength was 4/5 bilateral lower extremities except 4+/5 bilateral INV/EV, and left PF. Hyperreflexic bilateral lower extremities. No Babinski or clonus. Negative L'hermitte sign. Positive straight leg raising left at 60 degrees with pain to the calf. Positive Hoffman's left. Clonus negative bilaterally. The patient was diagnosed with thoracic HNP, lumbar HNP, and lumbar radiculopathy. The provider requested authorization for retro Cyclobenzaprine.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Retro: Cyclobenzaprine 7.5mg #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines muscle relaxants, antispasmodics Page(s): 64.

**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 relaxant, 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 to be used for more than 2-3 weeks. The patient has been on Flexeril for more than 4 weeks without clear evidence of improvement. Therefore, the request for Retro: Cyclobenzaprine 7.5mg #30 is not medically necessary.