

<b>Case Number:</b>	CM14-0209303		
<b>Date Assigned:</b>	12/22/2014	<b>Date of Injury:</b>	04/03/2014
<b>Decision Date:</b>	02/19/2015	<b>UR Denial Date:</b>	12/04/2014
<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. 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: New Jersey, Michigan, California  
 Certification(s)/Specialty: Neurology, Neuromuscular Medicine

### 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 57-year-old man who sustained a work-related injury on April 3, 2014. Subsequently, the patient developed chronic low back pain. Prior treatments included: 10 sessions of physical therapy (with improvement), use of lumbo sacral orthosis, use of TENS (with relief), medications, and ice. MRI of the lumbar spine dated June 2, 2014 showed a moderate facet osteoarthopathy L5-S1 and protrusion with right L5 neural encroachment. EMG/NCV of the bilateral lower extremities performed on June 20, 2014 documented normal study: no electrodiagnostic evidence of focal nerve entrapment, lumbar radiculopathy or generalized peripheral neuropathy affecting the lower limbs. A UDS collected on November 13, 2014 was consistent with the medication consumption. According to a progress report dated November 13, 2014, the patient complained of low back pain with lower extremity symptoms. The patient rated his level of pain as a 7/10. The patient reported that Cyclobenzaprine 7.5 mg at tid dosing facilitates significant decrease in spasm for average of 5 hours. Objective findings included: tenderness of lumbar spine, lumbar range of motion limited with flexion at 50%, extension at 40%, left and right lateral tilt at 40%, and left rotation at 40%; positive straight leg raise right for pain to foot; spasm; lumboparaspinal musculature decreased. The patient was diagnosed with protrusion L5-S1 with right L5 radiculopathy and moderate facet osteoarthopathy at L5 and S1. 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:

**Retrospective: Cyclobenzaprine 7.5mg #90 dispensed on 10/16/14: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants 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 is a non-sedating muscle relaxant that 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 being 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 Cyclobenzaprine 7.5MG #90 is not medically necessary.