

<b>Case Number:</b>	CM14-0067025		
<b>Date Assigned:</b>	07/11/2014	<b>Date of Injury:</b>	08/09/2012
<b>Decision Date:</b>	04/24/2015	<b>UR Denial Date:</b>	04/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/12/2014

### 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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 59 year old male who sustained an industrial injury on 8/9/2012. Recently he reported constant, radiating pain in his lower back, difficulty falling asleep and staying asleep, headaches, and anxiety due to pain and loss of work. The injured worker has been diagnosed with, and/or impressions were noted to include, lumbosacral sprain/strain/pain with bilateral lower extremity radiculopathy, right > left; multi-level disc desiccation/dehydration; and degenerative lumbosacral intervertebral disc; lumbar facet joint syndrome/herperthrophy; and myalgia. Treatments to date have included consultations; magnetic resonance imaging studies; lumbar trigger point impedance imaging (11/26/13); electrodiagnostic studies; therapeutic epidural steroid injection therapy with epidural decompression neuroplasty - lumbar/sacral (12/23/13); a functional capacity evaluation (2/6/14); acupuncture treatments; lumbar support; transcutaneous electrical stimulation unit therapy; heat/cold therapy; physical therapy and home exercise program; and medication management. The history notes complaints of intermittent, radiating low back radicular pain that is unresponsive to conservative treatment, that he finds taking Cyclobenzaprine for muscle spasms is effective, and that he has not worked since 8/2012.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cyclobenzaprine 7.5 mg #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants - Cyclobenzaprine (Flexeril) Page(s): 65.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-66.

**Decision rationale:** Regarding the request for cyclobenzaprine, Chronic Pain Medical Treatment Guidelines support the use of non-sedating muscle relaxants to be used with caution as a 2nd line option for the short-term treatment of acute exacerbations of pain. Guidelines go on to state that cyclobenzaprine specifically is recommended for a short course of therapy. Within the documentation available for review, it does not appear that this medication is being prescribed for the short-term treatment of an acute exacerbation, as recommended by guidelines. The time frame appears to be over months, as there was documentation of multiple past prescriptions of cyclobenzaprine. Given this, the currently requested cyclobenzaprine is not medically necessary.