

<b>Case Number:</b>	CM15-0005173		
<b>Date Assigned:</b>	01/16/2015	<b>Date of Injury:</b>	03/19/2011
<b>Decision Date:</b>	03/18/2015	<b>UR Denial Date:</b>	12/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/09/2015

### 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, Hawaii

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 47 year old male, who sustained an industrial injury on March 9, 2011. He has reported back pain, right buttock pain and right leg pain. The diagnoses have included lumbago with sciatica, lumbar disc herniation, lumbar spondylosis, and peripheral neuropathy secondary to back disease and surgery. Treatment to date has included chiropractic, physical therapy, medications, selective nerve root block, back surgery, and imaging studies. Currently, the injured worker complains of continued back pain radiating to the legs with numbness.

The treating physician is requesting a prescription for cyclobenzaprine. On December 11, 2014 Utilization Review non-certified the request for the prescription for cyclobenzaprine noting the lack of documentation to support the medical necessity of the medication. The MTUS Chronic Pain Treatment Guidelines and ACOEM Guidelines were cited in the decision.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cyclobenzaprine HCL 10mg QTY: 90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 64-66.

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

**Decision rationale:** The patient has chronic, moderate to severe low back pain and associated lower extremity pain, paresthesias and weakness in the lower extremities. The current request is for Cyclobenzaprine HCL 10mg QTY: 90. The attending physician does not mention an acute exacerbation of his chronic low back condition and specifically denies any acute muscle spasms of the paraspinal muscles. The MTUS does recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. They also note, that in most cases they show no benefit beyond NSAIDs in pain and overall improvement. There is also no additional benefit shown in combination with NSAIDs. This medication is not recommended to be used for longer than 2-3 weeks. In this case, records indicate that the patient was prescribed this medication on 8/26/14, and 10/7/14 as well. The medical records do not support medical necessity for this medication when considering the MTUS guidelines for its intended use. As such, recommendation is for denial.