

<b>Case Number:</b>	CM15-0015086		
<b>Date Assigned:</b>	02/03/2015	<b>Date of Injury:</b>	02/14/2012
<b>Decision Date:</b>	04/01/2015	<b>UR Denial Date:</b>	12/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/27/2015

### 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, District of Columbia, Maryland  
 Certification(s)/Specialty: Anesthesiology, 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 (IW) is a 42-year-old female who sustained an industrial injury on 02/14/2012. She has reported low back pain rated on average as 5/10 in intensity and episodes of increased pain rated 7/10 that is intensified by cold weather and activities or with prolonged sitting/standing and carrying. Primary diagnoses include neck sprain and strain. Treating diagnosis are medical epicondylitis of elbow, sprains and strain unspecified site shoulder and upper arm, sprain and strain of lumbosacral, neck sprain and strain. Treatment to date includes oral medications and conservative treatment. In a progress note dated 12/17/2014, the treating provider reports no objective findings. Treatment plans include continuation of HEP/TENS (Transcutaneous Electrical Nerve Stimulation and muscle stimulation) unit as an adjunct pain reliever, heat therapy, Naproxen for mild pain, Flexeril as needed for spasms, and a MRI of the lumbar spine due to persistent worsening of the lumbar pain despite conservative therapy. On 12/26/2014, Utilization Review modified a request for Retrospective Cyclobenzaprine 7.5mg #60 for DOS 12/17/2014, to Cyclobenzaprine 7.5mg #30 noting that the ongoing and chronic use is not supported by evidence based guidelines. The physical examination findings are minimal. A decreased amount of medication is given to allow for weaning and discontinuing the medication. The MTUS, ACOEM Guidelines, (or ODG) were cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective Cyclobenzaprine 7.5mg #60 for DOS 12/17/2014:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 64-64.

**Decision rationale:** With regard to muscle relaxants, the MTUS CPMTG states: "Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. (Chou, 2007) (Mens, 2005) (Van Tulder, 1998) (Van Tulder, 2003) (Van Tulder, 2006) (Schnitzer, 2004) (See, 2008) Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement." Regarding Cyclobenzaprine: "Recommended for a short course of therapy. Limited, mixed-evidence does not allow for a recommendation for chronic use. Cyclobenzaprine is a skeletal muscle relaxant and a central nervous system depressant with similar effects to tricyclic antidepressants (e.g. amitriptyline). Cyclobenzaprine is more effective than placebo in the management of back pain, although the effect is modest and comes at the price of adverse effects." The documentation submitted for review indicates that the injured worker has been using this medication long-term. As it is recommended only for short-term use, the request is not medically necessary.