

<b>Case Number:</b>	CM15-0141402		
<b>Date Assigned:</b>	07/31/2015	<b>Date of Injury:</b>	02/03/2015
<b>Decision Date:</b>	09/22/2015	<b>UR Denial Date:</b>	07/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/21/2015

### 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: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive 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 injured worker is a 45-year-old male, who sustained an industrial injury on February 3, 2015. He reported his car was rear ended by a diesel truck and compact car. The injured worker was diagnosed as having thoracic region sprain, lumbar sprain-strain, muscle spasm, cervicgia, cervical herniated nucleus pulposus (HNP), cervical facet arthropathy, lumbar degenerative disc disease, and other back symptoms. Treatments and evaluations to date have included x-rays, heat, orthotic, acupuncture, physical therapy, chiropractic treatments, MRIs, and medication. Currently, the injured worker reports neck, midback, lower back, and left shoulder pain. The Primary Treating Physician's report dated May 28, 2015, noted the injured worker reported no change in his pain, currently working on modified duty. The injured worker was noted to be using Norco, Flexeril, Prilosec, and Relafen, denying side effects with his medications. The injured worker reported his Flexeril helped him sleep with less interruption. The injured worker reported his lower back pain was the worst pain, rated a 7-8 out of ten on the pain scale, radiating down the bilateral buttock regions. The neck pain was rated as 4-6 out of ten that radiated into his head, with frequent headaches. Physical examination was noted to show tenderness to palpation of the cervical and lumbar spine with spasms noted. The treatment plan was noted to include requests for authorization for a neurology consult, additional chiropractic treatments, a transforaminal epidural steroid injection (ESI), and medications including Cyclobenzaprine, Nabumetone, and Omeprazole.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **Cyclobenzaprine 7.5mg #60: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-64.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine, Medications for chronic pain, Antispasmodics Page(s): 41-42, 60-61, 64-66. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Cyclobenzaprine (Flexeril®) and Other Medical Treatment Guidelines Up-to-date, Flexeril.

**Decision rationale:** MTUS Chronic Pain Medical Treatment states for Cyclobenzaprine, "Recommended as an option, using a short course of therapy. . . The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. (Browning, 2001) Treatment should be brief." "The medication is not recommended to be used for longer than 2-3 weeks." The medical documents indicate that patient is far in excess of the initial treatment window and period. Additionally, MTUS outlines, "Relief of pain with the use of medications is generally temporary, and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity. Before prescribing any medication for pain, the following should occur: (1) determine the aim of use of the medication; (2) determine the potential benefits and adverse effects; (3) determine the patient's preference. Only one medication should be given at a time, and interventions that are active and passive should remain unchanged at the time of the medication change. A trial should be given for each individual medication. Analgesic medications should show effects within 1 to 3 days, and the analgesic effect of antidepressants should occur within 1 week. A record of pain and function with the medication should be recorded. (Mens, 2005)" Up-to-date "flexeril" also recommends "Do not use longer than 2-3 weeks". Medical documents do not fully detail the components outlined in the guidelines above and do not establish the need for long term/chronic usage of cyclobenzaprine. ODG states regarding cyclobenzaprine, "Recommended as an option, using a short course of therapy . . . The addition of cyclobenzaprine to other agents is not recommended." Medical documentation provided indicate this patient has been on this medication in excess of guideline recommendations. As such, the request for Cyclobenzaprine 7.5mg #60 is not medically necessary.