

<b>Case Number:</b>	CM15-0144159		
<b>Date Assigned:</b>	08/05/2015	<b>Date of Injury:</b>	07/13/2001
<b>Decision Date:</b>	09/25/2015	<b>UR Denial Date:</b>	06/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/24/2015

### 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

Certification(s)/Specialty: Preventive Medicine, Occupational 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 61-year-old female who sustained an industrial injury on 07-13-2001. She had reported injury to the low back. The diagnoses have included lumbago; constipation-outlet dysfunction; degeneration lumbar lumbosacral disc; failed back syndrome; and chronic pain syndrome. Comorbid conditions includes diabetes and obesity. Treatment to date has included medications, diagnostics, injections, physical therapy, and surgical intervention. Medications have included Opana ER, Ibuprofen, Anaprox, Nortriptyline, Flexeril, Doc-Q-Lax, Gabapentin, Buprenorphine, Promethazine, and Protonix. A progress note from the treating physician, dated 05-18-2015, documented a follow-up visit with the injured worker. The injured worker reported chronic low back pain; the pain is made worse with bending and lifting at the waist level; it is made better with rest, medication, stretching, and applying a heat compress; she has had a lumbar fusion, and wants to avoid more surgery; she is taking Buprenorphine 0.1mg three times a day, which is working well for her; she utilizes stool softeners and enemas; and she takes Promethazine for nausea and Protonix for gastrointestinal side effects. Objective findings included she is alert and oriented; she does not exhibit acute distress; she has an antalgic gait and uses a cane; left knee pain on palpation; right ankle dorsiflexion is rated 4 out of 5; sensation is decreased in the right L5 dermatome, and the left and right S1 dermatome; there is a well-healed surgical scar at the lumbar spine; and spasm and guarding of the lumbar spine is noted. The treatment plan has included the request for Cyclobenzaprine-Flexeril 7.5mg three times a day #90.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Cyclobenzaprine/Flexeril 7.5mg TID #90:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47, Chronic Pain Treatment Guidelines Cyclobenzaprine; Muscle relaxants (for pain) Page(s): 41-2, 63-66.

**Decision rationale:** Cyclobenzaprine (Flexeril) is classified as a sedating skeletal muscle relaxant. This class of medications can be helpful in reducing pain and muscle tension thus increasing patient mobility. Muscle relaxants as a group, however, are recommended for short-term use only as their efficacy appears to diminish over time. In fact, studies have shown cyclobenzaprine greatest effect is in the first 4 days of treatment after which use may actually hinder return to functional activities. They are considered no more effective at pain control than non-steroidal anti-inflammatory medication (NSAIDs) and there is no study that shows combination therapy of NSAIDs with muscle relaxants have a demonstrable benefit. This patient has been on cyclobenzaprine therapy for over one month. Since there is no documented provider instruction to use this medication on an intermittent or "as needed" basis and since the use of this medication did not lessen the need for pain medications not prevent recurrent muscle spasms while taking the medication there is no indication to continue use of this medication. Medical necessity for use of cyclobenzaprine has not been established.