

<b>Case Number:</b>	CM15-0147349		
<b>Date Assigned:</b>	08/10/2015	<b>Date of Injury:</b>	12/11/2009
<b>Decision Date:</b>	09/09/2015	<b>UR Denial Date:</b>	07/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/29/2015

### 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: Texas, California  
 Certification(s)/Specialty: Family Practice

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 63 year old male patient who sustained an industrial injury on 3-18-15. The diagnoses include degeneration of lumbar or lumbosacral intervertebral disc and myofascial pain syndrome. Per the progress report dated 8-7-15, he had complaints of chronic intermittent lower back pain. He reported increased low back pain and numbness and tingling in his bilateral lower extremities since last visit. Patient was prescribed baclofen, gabapentin and meloxicam. Per the progress report dated 7-6-15, he had complaints of chronic intermittent lower back pain. He reported increased low back pain, numbness, and tingling in his bilateral lower extremities. The pain was worsened with prolonged sitting, standing, walking and relieved with lying in fetal position. Medications help the low back pain but not the numbness and tingling in his bilateral lower extremities. He has occasional flare ups that last 1-2 days. The physical examination of the lumbar spine revealed tenderness and decreased range of motion; 4-/5 strength bilateral lower extremities; diminished light touch sensation in left L4-5 dermatomes. The medications list includes cyclobenzaprine, medrol dose pak, meloxicam, tramadol and hydrocodone-acetaminophen. Treatments include: medications, ice, heat and physical therapy. Plan of care includes: trigger point injection done at this visit, request lumbar MRI, trigger point injections, discontinue meloxicam and ibuprofen, refill medications; cyclobenzaprine, Tramadol and medrol pack. Follow up on 8-7-15.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cyclobenzaprine 10mg tablet #30: Overturned**

**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 (Flexeril, Amrix, Fexmid, generic available) Page(s): 64.

**Decision rationale:** Cyclobenzaprine 10mg tablet #30 Cyclobenzaprine is a skeletal muscle relaxant and a central nervous system (CNS) depressant. According to California MTUS, Chronic pain medical treatment guidelines, Cyclobenzaprine is "Recommended for a short course of therapy. Limited, mixed-evidence does not allow for a recommendation for chronic use" 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. It has a central mechanism of action, but it is not effective in treating spasticity from cerebral palsy or spinal cord disease. According to the records provided patient had chronic low back pain. Patient has significant objective findings on the physical examination- tenderness and decreased range of motion of the lumbar spine; 4-/5 strength bilateral lower extremities; diminished light touch sensation in left L4-5 dermatomes. According to the cited guidelines, Cyclobenzaprine is recommended for short term therapy. Short term or prn use of cyclobenzaprine in this patient for acute exacerbations would be considered reasonable appropriate and necessary. The request for Cyclobenzaprine 10mg tablet #30 is medically appropriate and necessary to use as prn during acute exacerbations.