

<b>Case Number:</b>	CM15-0147374		
<b>Date Assigned:</b>	08/10/2015	<b>Date of Injury:</b>	09/02/2005
<b>Decision Date:</b>	09/04/2015	<b>UR Denial Date:</b>	07/03/2015
<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: 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:

The injured worker is a 50 year old male, who sustained an industrial injury on 09-02-2005 secondary to striking his leg while operating a stand up lift. On provider visit dated 06-03-2015 injured worker has reported neck pain, low back pain, upper extremity pain, lower extremity pain, and middle back pain. On examination of the lumbar spine revealed spasms in the bilateral paraspinous musculature L2-L5. Tenderness was noted upon palpation in the bilateral paravertebral area L2-S1 levels. Decreased range of motion was noted with pain was significantly increased with bending, flexion and extension. Straight leg raise was positive bilaterally. Cervical spine revealed spasms bilaterally in the trapezius muscles and C4-6 bilaterally in the paraspinous muscles. Tenderness upon palpation at the bilateral paravertebral C4-C6 area was noted. The diagnoses have included lumbar disc degeneration, chronic pain-other an, failed back surgery syndrome-lumbar, lumbar radiculopathy, and status post fusion-lumbar spine. Treatment to date has included medication. The injured worker was noted as not currently working. The provider requested Cyclobenzaprine HCL.

### IMR ISSUES, DECISIONS AND RATIONALES

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

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

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine Page(s): 41.

**Decision rationale:** The MTUS/Chronic Pain Medical Treatment Guidelines comment on the use of muscle relaxants, including Cyclobenzaprine, as a treatment modality. Regarding Cyclobenzaprine, these guidelines state the following: Recommended as an option, using a short course of therapy. Cyclobenzaprine (Flexeril) is more effective than placebo in the management of back pain; the effect is modest and comes at the price of greater adverse effects. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. Treatment should be brief. In this case, the medical records indicate that Cyclobenzaprine is being used as a long-term treatment strategy for this patient's symptoms. As noted in the above-cited MTUS guidelines, only short-term use is recommended. For this reason, Cyclobenzaprine HCL 10 mg #90 is not a recommended treatment and not medically necessary. There is insufficient documentation to justify long-term use.