

<b>Case Number:</b>	CM15-0147914		
<b>Date Assigned:</b>	08/07/2015	<b>Date of Injury:</b>	01/27/2015
<b>Decision Date:</b>	09/28/2015	<b>UR Denial Date:</b>	07/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/30/2015

### 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: Physical Medicine & Rehabilitation

### 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 25-year-old female who sustained an industrial injury on January 27, 2015 resulting in low back pain. She was diagnosed with acute lumbar sprain. There have been no documented treatments due to pregnancy per the July 21, 2015 physician evaluation. The injured worker continues to report constant low back pain and muscle spasms causing weakness and numbness and interfering with her ability to perform activities of daily living. The treating physician's plan of care includes Cyclobenzaprine 7.5 mg. She is presently not working.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cyclobenzaprine 7.5 (Fexmid) #60:** 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): 63.

**Decision rationale:** Based on the 3/30/15 progress report provided by the treating physician, this patient presents with lumbar pain. The treater has asked for Cyclobenzaprine 7.5 (Fexmid) #60

but the requesting progress report is not included in the provided documentation. The request for authorization was not included in provided reports. The patient has severe lumbar pain rated 7/10 on VAS scale, due to pregnancy per 2/23/15 report. The lumbar pain radiates to the leg per 2/6/15 report. The patient is in too much pain, and had to defer physical examination per 2/13/15 report. The patient's work status is temporarily totally disabled per 6/22/15 report. MTUS, Muscle Relaxants for Pain, pg. 63: 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. Also there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. (Homik, 2004) Sedation is the most commonly reported adverse effect of muscle relaxant medications. These drugs should be used with caution in patients driving motor vehicles or operating heavy machinery. Drugs with the most limited published evidence in terms of clinical effectiveness include chlorzoxazone, methocarbamol, dantrolene and baclofen. (Chou, 2004) According to a recent review in American Family Physician, skeletal muscle relaxants are the most widely prescribed drug class for musculoskeletal conditions (18.5% of prescriptions), and the most commonly prescribed antispasmodic agents are carisoprodol, cyclobenzaprine, metaxalone, and methocarbamol, but despite their popularity, skeletal muscle relaxants should not be the primary drug class of choice for musculoskeletal conditions. (See2, 2008) Classifications: Muscle relaxants are a broad range of medications that are generally divided into antispasmodics, anti-spasticity drugs, and drugs with both actions. (See, 2008) (Van Tulder, 2006). The request is for Cyclobenzaprine 7.5 (Fexmid) #60. In this case, a prescription for Cyclobenzaprine / Flexeril is first noted in QME report dated 04/10/12. The medication was prescribed for the first time on 6/22/15 report, (60 tabs, with a hand-written note on the 6/22 report stating the next appointment is July 2015. The utilization review letter dated 7/10/15 also states the patient is pregnant and has not received gynecological clearance to take Flexeril. The current request for 60 tabs of Flexeril does not indicate short-term use, either. Therefore, the request is not medically necessary.