

<b>Case Number:</b>	CM15-0148816		
<b>Date Assigned:</b>	08/12/2015	<b>Date of Injury:</b>	05/01/2014
<b>Decision Date:</b>	09/30/2015	<b>UR Denial Date:</b>	07/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/31/2015

### 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, District of Columbia, Maryland  
 Certification(s)/Specialty: Anesthesiology, Pain Management

### 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 34 year old female, who sustained an industrial injury on May 1, 2014. The mechanism of injury was a motor vehicle accident. The injured worker was stopped and was rear-ended by another vehicle. The injured worker experienced immediate neck and low back pain. The diagnoses have included lumbalgia, lumbar spondylosis and lumbar disc disease with annular tear. Treatment and evaluation to date has included medications, radiological studies, MRI, home exercise program and physical therapy. The injured worker was noted to be permanent and stationary. The current work status was not identified. Current documentation dated July 15, 2015 notes that the injured worker reported low back pain with intermittent numbness and tingling that radiated down the posterior aspect of both her legs to the knees, primarily on the right side. The injured worker noted that the numbness and tingling resolved with walking or movement. The pain was characterized as dull and achy. The pain was rated a 4-5 out of 10 on the visual analogue scale. Examination of the lumbar spine revealed tenderness to palpation of the paraspinal muscles bilaterally, over the facet areas and sacroiliac joints bilaterally. Lumbar facet loading was positive bilaterally. A straight leg raise test was negative bilaterally. The injured worker denied muscle spasms. The treating physician's plan of care included requests for Baclofen 10 mg # 90 and Flexeril 10 mg # 90.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Baclofen 10 mg Qty 90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-66. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain-Non sedating muscle relaxants.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-64.

**Decision rationale:** With regard to muscle relaxants, the MTUS CPMTG states: "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." Regarding Baclofen: "It is recommended orally for the treatment of spasticity and muscle spasm related to multiple sclerosis and spinal cord injuries." As the documentation provided for review does not indicate that the injured worker has multiple sclerosis or spinal cord injury, which is the conditions for which Baclofen is recommended, the request is not medically necessary.

**Felxeril 10 mg Qty 90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-66. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain-Non sedating muscle relaxants.

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

**Decision rationale:** With regard to muscle relaxants, the MTUS CPMTG states: "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." Regarding Cyclobenzaprine: "Recommended for a short course of therapy. Limited, mixed-evidence does not allow for a recommendation for chronic use. Cyclobenzaprine is a skeletal muscle relaxant and a central nervous system depressant with similar effects to tricyclic antidepressants (e.g. amitriptyline). 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." Per p 41 of the MTUS guidelines, the effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. Treatment is recommended for the treatment of acute spasm limited to a maximum of 2-3 weeks. UDS that evaluate for cyclobenzaprine can provide additional data on whether the injured worker is compliant, however in this case there is no UDS testing for cyclobenzaprine. The documentation submitted for review indicates that the injured worker has been using this medication since at least 2/2015. There is no documentation of the patients' specific functional level or percent improvement with treatment with cyclobenzaprine. As it is recommended only for short-term use, medical necessity cannot be affirmed. It should be noted that the UR physician has certified a modification of the request for the purpose of weaning.

