

<b>Case Number:</b>	CM15-0162232		
<b>Date Assigned:</b>	08/28/2015	<b>Date of Injury:</b>	07/22/2009
<b>Decision Date:</b>	10/13/2015	<b>UR Denial Date:</b>	07/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/18/2015

### 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 36 year old male, who sustained an industrial injury on July 22, 2009. He reported feeling a pull in his back as he was lifting a pallet. The injured worker was diagnosed as having disc protrusion at L5-S1 with lateral recess stenosis right worse than left, L5 radiculopathy right side primarily, status post L4-L5 and L5-S1 laminectomy and discectomy in 2013, urinary and sexual dysfunction, sleep disturbance due to pain, psychological complaints of stress and depression, gastrointestinal (GI) complaints including nausea, constipation, and diarrhea possibly related to medication use, and bilateral sacroiliitis. Treatments and evaluations to date have included lumbar spine surgery, x-rays, physical therapy, and medication. Currently, the injured worker reports ongoing pain in the base of his lower back. The Primary Treating Physician's report dated July 2, 2015, noted the injured worker was being seen by specialists for his gastrointestinal (GI) issues and psych issues. The injured worker was noted to be focally tender at the L4 through S1 levels as well as the superior iliac crest. The treatment plan was noted to include continuation of the home exercise program (HEP), and requests for authorization for Omeprazole and Cyclobenzaprine. The injured worker was noted to be off work.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cyclobenzaprine 7.5mg, #60: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Cyclobenzaprine (Flexeril), Muscle relaxants (for pain).

**Decision rationale:** The 36 year old patient complains of lower back pain along with focally tender L4 to S1 levels and superior iliac crest, as per progress report dated 07/02/15. The request is for Cyclobenzaprine 7.5mg, #60. The RFA for this case is dated 07/17/15, and the patient's date of injury is 07/22/09. Diagnoses, as per progress report dated 07/02/15, included L5-S1 disc protrusion with lateral recess stenosis, L5 radiculopathy primarily on the right, urinary and sexual dysfunction, sleep disturbance secondary to pain, stress and depression, medication-induced gastrointestinal complaints, and bilateral sacroiliitis. The patient is status post L4-5 and L5-S1 laminectomy and discectomy on 11/14/13. Refills requested include Omeprazole and Cyclobenzaprine. The patient is off work, as per the same progress report. MTUS Chronic Pain Medical Treatment Guidelines 2009 pg 63-66 and Muscle relaxants section states: Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbation in patients with chronic LBP. 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. Cyclobenzaprine (Flexeril, Amrix, Fexmid, generic available): Recommended for a short course of therapy. MTUS, Chronic Pain Medication Guidelines 2009, Muscle Relaxants, page 63-66: "Carisoprodol (Soma, Soprodon 350, Vanadom, generic available): Neither of these formulations is recommended for longer than a 2 to 3 week period." Abuse has been noted for sedative and relaxant effects. In this case, a prescription for Cyclobenzaprine is first noted in progress report dated 08/28/14. It is not clear if the patient has been taking the medication consistently since then or not as some of the later reports do not document its use. In an appeal letter dated 10/02/14, the treater states that the patient is experiencing an acute flare-up in low back pain which has led to decreased functionality and anti-inflammatories have not been successful in managing the pain. The treater believes "addition of a muscle relaxant will be helpful in improving the patient's tolerance to self-care and work activities as well as his physical therapy exercises." The patient is being monitored closely for side effects, as per the same progress report. None of the reports available for review, however, document the efficacy of this medication in terms of reduction in pain and improvement in function. Additionally, MTUS does not support long-term use of Cyclobenzaprine beyond a 2 to 3 week period. Hence, the request for # 60 is not medically necessary.