

<b>Case Number:</b>	CM15-0163954		
<b>Date Assigned:</b>	09/01/2015	<b>Date of Injury:</b>	08/21/1987
<b>Decision Date:</b>	10/05/2015	<b>UR Denial Date:</b>	08/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/20/2015

### 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:

The injured worker is a 48 year old female who sustained an industrial-work injury on 8-21- 87. She reported an initial complaint of low back pain on 8/5/15. The injured worker was diagnosed as having post laminectomy lumbar syndrome, status post L5-S1 fusion (2006), adjustment disorder, anxiety, and depression. Treatment to date includes medication and functional restoration program. Currently, the injured worker complained of back pain that radiates down the right lower extremity with muscle spasms and numbness and tingling. There was anxiety and depression. Per the primary physician's report (PR-2) on 8-5-15, exam noted no acute distress, ideal body weight, sensation decreased in the L3-S1 dermatomes, positive straight leg raise, spasm, and guarding to the lumbar spine, right paraspinous lumbar trigger points present for L4-S1 area, and altered gait. Current plan of care included psychiatry and medication refill: The requested treatments include Cyclobenzaprine 5 mg. The medication list includes Buprenorphine, Gabapentin, Flexeril, and Cymbalta. The patient has had UDS on 5/7/15 that was consistent. The patient has had MRI of the lumbar spine in 1990 that revealed disc protrusions. The patient's surgical history include lumbar laminectomy in 2004, lumbar fusion in 2006 and removal of hardware in 2009. The patient had received an unspecified number of PT visits for this injury.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cyclobenzaprine 5 mg #90:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril) Page 41-42.

**Decision rationale:** Cyclobenzaprine 5 mg #90 According to CA MTUS guidelines cited below, Recommended as an option, using a short course of therapy. Cyclobenzaprine (Flexeril) is more effective than placebo in the management of back pain. She reported an initial complaint of low back pain on 8/5/15. The injured worker was diagnosed as having post laminectomy lumbar syndrome, status post L5-S1 fusion (2006), adjustment disorder, anxiety, and depression. Currently, the injured worker complained of back pain that radiates down the right lower extremity with muscle spasms and numbness and tingling. There was anxiety and depression. Per the primary physician's report (PR-2) on 8-5-15, exam noted no acute distress, ideal body weight, sensation decreased in the L3-S1 dermatomes, positive straight leg raise, spasm, and guarding to the lumbar spine, right paraspinous lumbar trigger points present for L4-S1 area, and altered gait. The patient has had MRI of the lumbar spine in 1990 that revealed disc protrusions, The patient's surgical history include lumbar laminectomy in 2004, lumbar fusion in 2006 and removal of hardware in 2009. The patient has evidence of muscle spasm on objective examination. The patient also has chronic conditions with abnormal objective findings. These conditions are prone to intermittent exacerbations Therefore with this; it is deemed that, the use of Cyclobenzaprine 5 mg #90 is medically appropriate and necessary in this patient.