

<b>Case Number:</b>	CM15-0164836		
<b>Date Assigned:</b>	09/02/2015	<b>Date of Injury:</b>	08/19/2007
<b>Decision Date:</b>	10/08/2015	<b>UR Denial Date:</b>	07/21/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/21/2015

### 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: Arizona, 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:

This is a 58-year-old female worker who was injured on 8-19-2007. The medical records reviewed indicated the injured worker (IW) was treated for chronic low back pain and bilateral lower extremity pain with numbness and tingling; status post lumbar surgery (2008); residual significant foraminal stenosis at L3-4, L4-5 and L5-S1, worse on the right; lower extremity radiculopathy; and right lower lumbar facet arthropathy versus sacroiliac joint pain. The documentation (5-12-15 to 7-2-15) showed the IW had severe low back pain with muscle spasms and radicular symptoms in the lower extremities with cramping and weakness in the left leg and foot. She had a recent hospital stay for severe back pain due to spasms. Medications were helpful for function for activities of daily living, mobility and restorative sleep. On physical examination (7-2-15) there was significant tenderness on the right side over the lower lumbar facet joints and the right sacroiliac joint. There was increased pain with posterior extension and lateral tilt or rotation the right; forward flexion educed the right-sided pain. Straight leg raise was positive in the right lower extremity. Right ankle reflex was decreased. Sensation was decreased in areas of the left leg and weakness was noted on dorsiflexion on the right, worse than left. The exam on 5-12-15 showed no tenderness to the lumbosacral spine and straight leg raise was negative. Treatments to date include medications, including Meloxicam (since 4-24-14) and Tizanidine (since 4-24-14); epidural steroid injections; and home exercise program. Notes (5-12-15) stated an epidural injection on 1-15-14 at L3-4 and L4-5 provided 25% pain relief for about six months. There was no documentation of a Cyclobenzaprine prescription before 7-2-15. There was no urine drug screen available for review. A Request for Authorization dated 7-2-15 asked

for prospective usage of Cyclobenzaprine 7.5mg, #60. The Utilization Review on 7-21-15 modified the request for prospective usage of Cyclobenzaprine 7.5mg, #60 to allow #20 for weaning purposes.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Cyclobenzaprine 7.5 MG #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:** According to the MTUS guidelines, Cyclobenzaprine (Flexeril) is more effective than placebo for back pain. It is recommended for short course therapy and has the greatest benefit in the first 4 days suggesting that shorter courses may be better. Those with fibromyalgia were 3 times more likely to report overall improvement, particularly sleep. Treatment should be brief. There is also a post-op use. The addition of Cyclobenzaprine to other agents is not recommended. The claimant had been on Tizanidine (another muscle relaxant) for several years prior to the use of Cyclobenzaprine in combination with NSAIDS. Continued use of muscle relaxants including that of Flexeril (Cyclobenzaprine) is not medically necessary.