

<b>Case Number:</b>	CM15-0166891		
<b>Date Assigned:</b>	09/04/2015	<b>Date of Injury:</b>	05/22/2015
<b>Decision Date:</b>	10/06/2015	<b>UR Denial Date:</b>	08/11/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/25/2015

### 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: New York, Pennsylvania, Washington

Certification(s)/Specialty: Internal Medicine, Geriatric Medicine

### 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 43 year old male who sustained an injury on 5-22-15 resulting when he was using a manual jack requiring forceful pushing and pulling. He stepped on a broken pallet, right leg went out from underneath him and all body weight went onto his left leg while trying to guide heavy pallet. He felt pulling sensation along lumbar spine and the next day noted discomfort around left shoulder blade. Initial treatment included rest, heat, ice, and physical therapy. Diagnostic tests include X-rays on 6-3-15 of the lumbar spine; thoracic spine and neck; MRI lumbar spine; thoracic spine; cervical spine and lumbar spine on 6-17-15. The 7-29-15 evaluation reports conservative treatment that included rest, medications and 6 sessions of physical therapy. He complains of low back pain; right buttock and right lower extremity pain; cervical spine radiating to the left shoulder girdle and left upper extremity. He states the pain is constant, sharp and is rated 5-7 out of 10. The pain is aggravated with lying down; prolonged sitting; repetitive bending or prolonged standing or walking and is alleviated with rest and ice. Medications include Cyclobenzaprine 5 mg, averaging one tablet a day; Ibuprofen 800 mg up to three times a day as needed. The physical examination reports he was able to toe walk and heel walk; able to complete about 50 % of a deep knee bend stopping because of pain; straightening of the lumbar cervical lordosis and normal thoracic kyphosis and normal lumbar lordosis; right shoulder was rotated forward compared to the left. Right shoulder abduction and flexion were full; positive seated straight leg raise on the right with pain radiating into the L5 dermatome. Impression include cervical degenerative disc disease (C6-C7); thoracic degenerative disc disease (multilevel by MRI); lumbar degenerative disc disease (L4-5) with large annular tear and

disc bulge; right lower extremity radiculopathy (L5); diffuse regional myofascial pain; chronic pain syndrome with both sleep and mood disorder. Diagnoses are lumbago; degeneration of lumbar intervertebral disc. Medications prescribed Ibuprofen 800 mg tablet and Cyclobenzaprine 5 mg tablet, take 1 tablet every day at bedtime for 30 days. Current requested treatments Cyclobenzaprine 5 mg 1 tablet every day at bedtime for 30 days, QTY: 30 with 3 refills prescribed on 7-29-15.

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

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

**Cyclobenzaprine 5mg 1 tablet every day at bedtime for 30 days, QTY: 30 with 3 refills prescribed 7/29/15: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-66.

**Decision rationale:** Per the guidelines, non-sedating muscle relaxants are recommended for use with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. Efficacy appears to diminish over time and prolonged use can lead to dependence. The records fail to document any improvement in pain or functional status specifically related to muscle relaxants or a discussion of side effects to justify use. The medical necessity of cyclobenzaprine is not substantiated in the records. The request is not medically necessary.