

<b>Case Number:</b>	CM15-0169557		
<b>Date Assigned:</b>	09/10/2015	<b>Date of Injury:</b>	08/06/2015
<b>Decision Date:</b>	10/07/2015	<b>UR Denial Date:</b>	08/07/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/28/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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:

This is a 58-year-old male worker who was injured on 09-17/1999. The medical records reviewed indicated the injured worker (IW) was treated for lumbar radiculopathy and failed low back surgery syndrome. The progress notes dated 7-23-2015 indicated the IW had complaints of left low back pain and cramping, rated 3 out of 10, which radiated down the left lower extremity to the ankle with numbness traveling from the knee to the ankle. He stated that over all, he was doing a little better. He stated his medications decreased his pain from 8 to 9 out of 10 to 3 to 4 out of 10 and he denied side effects. On examination, there was tenderness to palpation of the bilateral lumbar paraspinals and lumbar midline. Range of motion (ROM) was moderately decreased with extension. There was 5 out of 5 muscle strength and intact sensation in the bilateral lower extremities. Treatments to date include an unknown number of physical therapy visits, which the IW indicated caused more pain; spinal surgery; home exercise program; and medications, which included Naproxen, Tramadol ER, Ultracet, Pantoprazole and Flexeril (since at least 5-21-2015). The notes stated a "CURES report dated 3-18-2015 was consistent." A Request for Authorization asked for one prescription for Cyclobenzaprine 7.5mg #120. The Utilization Review on 8-7-2015 denied the request for one prescription for Cyclobenzaprine 7.5mg #120 as it should be used only for a brief period due to the possibility of greater adverse effects.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cyclobenzaprine 7.5mg #120: 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 claimant has a remote history of a work injury occurring in September 1999 and continues to be treated for radiating low back pain including a diagnosis of failed back surgery syndrome. When seen, he was having low back and left leg pain. Medications were decreasing pain from 8-9/10 to 3-4/10. Physical examination findings included lumbar paraspinal and midline tenderness with moderately decreased lumbar extension. There was positive left straight leg raising. Medications were refilled including Flexeril, which was being prescribed on a long-term basis. Cyclobenzaprine is closely related to the tricyclic antidepressants. It is recommended as an option, using a short course of therapy and there are other preferred options when it is being prescribed for chronic pain. Although it is a second-line option for the treatment of acute exacerbations in patients with muscle spasms, short-term use only of 2-3 weeks is recommended. In this case, the quantity being prescribed is consistent with ongoing long-term use and was not medically necessary.