

<b>Case Number:</b>	CM15-0181868		
<b>Date Assigned:</b>	09/23/2015	<b>Date of Injury:</b>	05/29/2012
<b>Decision Date:</b>	10/28/2015	<b>UR Denial Date:</b>	09/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/15/2015

### 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: North Carolina

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 42-year-old male, who sustained an industrial injury on 5-29-12. Medical record indicated the injured worker is undergoing treatment for pain disorder with both psychological factors and an orthopedic condition and lumbar radiculopathy. Treatment to date has included oral medications including Hydrocodone-acetaminophen 10-325mg, Cymbalta 20mg, Cyclobenzaprine 10mg since at least 12-3-14, Norco 10-325mg and Tylenol 325mg, transcutaneous electrical nerve stimulation (TENS) unit, functional restoration program. On 4-14-15 the injured worker complained of neck and back pain rated 8 out of 10 and on 8-12-15, the injured worker reports overall increased activity significantly. Physical exam performed on 4-14-15 revealed painful limited range of motion of lumbar spine, antalgic gait on left and positive compression test of sacroiliac joints; on 7-8-15 and 8-12-15, a physical exam was not documented. On 8-12-15, a request for authorization was submitted for Norco 10-325mg #30, Cymbalta 20mg #15 and Flexeril 10mg #15. Utilization review performed on 9-10-15 non-certified a request for Cyclobenzaprine 10mg #15 noting the medication appears to be used on a chronic basis and guidelines do not support chronic use of this medication.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cyclobenzaprine 10mg take 1 tablet by mouth every night #30 with 3 refills: 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): Muscle relaxants (for pain).

**Decision rationale:** The California chronic pain medical treatment guidelines section on muscle relaxants states: Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. (Chou, 2007) (Mens, 2005) (Van Tulder, 1998) (Van Tulder, 2003) (Van Tulder, 2006) (Schnitzer, 2004) (See, 2008) Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement. In addition, there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. (Homik, 2004) (Chou, 2004) This medication is not intended for long-term use per the California MTUS. The medication has not been prescribed for the flare-up of chronic low back pain, but rather for ongoing and chronic back pain. This is not an approved use for the medication. For these reasons, criteria for the use of this medication have not been met. Therefore, the request is not medically necessary.