

<b>Case Number:</b>	CM15-0186707		
<b>Date Assigned:</b>	09/28/2015	<b>Date of Injury:</b>	08/21/1987
<b>Decision Date:</b>	11/03/2015	<b>UR Denial Date:</b>	09/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/22/2015

### 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:

The injured worker is a 48 year old female, who sustained an industrial-work injury on 8-21-87. She reported initial complaints of lower back pain. The injured worker was diagnosed as having post laminectomy syndrome, chronic pain syndrome. Treatment to date has included medication, surgery, physical therapy, functional restoration program, diagnostics, and psychotherapy. Currently, the injured worker complains of chronic low back pain. The pain radiates down the right lower extremity with associated muscle spasms and numbness and tingling. She states that Buprenorphine, Gabapentin, Flexeril and Cymbalta helps with pain and function and mood. Pain level is reduced by 50% with use of medications from 8 out of 10 to 4 out of 10. She is able to exercise, do ADL's (activities of daily living) and tolerating the medications well. Per the primary physician's progress report (PR-2) on 8-5-15, exam notes range of motion of the lumbar spine is decreased by 40% with extension, 60% with flexion, 70% with rotation left and right, 80% with side bending, spasm and guarding is noted in the lumbar spine, sensation is decreased in the dermatomes L3,L4, right L5-S1, positive straight leg raise on the right, and right paraspinous lumbar trigger points present along the L4-5 and S1. Gait is altered and has difficulty getting on and off exam table. The Request for Authorization requested service to include Retro: Cyclobenzaprine 5mg Sig: 1 tablet every 8 hours Qty: 90 (8/4/15). The Utilization Review on 9-17-15 denied the request for Cyclobenzaprine 5mg Sig: 1 tablet every 8 hours Qty: 90 (8/4/15), per CA MTUS (California Medical Treatment Utilization Schedule), Chronic Pain Medical Treatment Guidelines 2009.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Retro: Cyclobenzaprine 5mg Sig: 1 tablet every 8 hours Qty: 90 (8/4/15): 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 August 1987 with injury to the low back while lifting a box. She underwent a lumbar laminectomy with microdiscectomy in May 2004 and had a lumbar spine fusion in March 2006 with hardware removal in June 2009. She continues to be treated for chronic radiating back pain. When seen, there was decreased lumbar spine range of motion. She had decreased right lower extremity sensation with positive straight leg raising. She had lumbar paraspinal muscle trigger points with spasms and muscle guarding. She had difficulty transitioning positions and an abnormal gait. Medications being prescribed on a long-term basis are Cymbalta, gabapentin, cyclobenzaprine, and buprenorphine. 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, there was no acute exacerbation and the quantity being prescribed is consistent with ongoing long term use. It appears ineffective as the claimant has ongoing muscle spasms. Continued prescribing is not considered medically necessary.