

<b>Case Number:</b>	CM15-0188110		
<b>Date Assigned:</b>	09/30/2015	<b>Date of Injury:</b>	07/12/2013
<b>Decision Date:</b>	11/16/2015	<b>UR Denial Date:</b>	09/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/24/2015

### 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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 31 year old male, who sustained an industrial injury on 07/12/2013. Medical records indicate the worker is undergoing treatment for status post micro-lumbar decompressive surgery, lumbar radiculopathy, lumbar facet arthropathy and lumbar disc herniations with neural foraminal narrowing. A recent progress report dated 7-16-2015, reported the injured worker complained of low back pain with pain and numbness in the bilateral lower extremities and bilateral trapezius neck pain. Physical examination revealed pain with lumbar facet loading, pain restricted lumbar extension to 10 degrees and positive straight leg raise test. A visit on 8-20-2015 showed the injured worker was complaining of urinary difficulties since back surgery. Lumbar magnetic resonance imaging from 5-13-2015 showed lumbar 4-5 and lumbar 5-sacral 1 disc desiccation with disc protrusion. Treatment to date has included 20 visits of postoperative physical therapy, Norco, Cyclobenzaprine and Cymbalta. The physician is requesting Retrospective: Cyclobenzaprine 7.5mg tablet #30, date of service: 8-17-15. On 9-10-2015, the Utilization Review noncertified the request for Retrospective: Cyclobenzaprine 7.5mg tablet #30, date of service: 8-17-15.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retro: Cyclobenzaprine 7.5mg tablet #30, date of service: 8/17/15: 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 patient was injured on 07/12/13 and presents with low back pain with pain/numbness in the bilateral lower extremities and bilateral trapezius neck pain, The retrospective request is for CYCLOBENZAPRINE 7.5MG TABLET #30, DATE OF SERVICE: 8/17/15. There is no RFA provided and the patient's current work status is not provided. The patient has been taking this medication as early as 02/23/15. MTUS Guidelines, Muscle Relaxants section, pages 63-66 states: Muscle relaxants (for pain): Recommended non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. The most commonly prescribed antispasmodic agents are carisoprodol, cyclobenzaprine, metaxalone, and methocarbamol, but despite the popularity, skeletal muscle relaxants should not be the primary drug class of choice for musculoskeletal conditions. Cyclobenzaprine (Flexeril, Amrix, Fexmid, generic available): Recommended for a short course of therapy. The patient has pain with lumbar facet loading, pain restricted lumbar extension to 10 degrees and positive straight leg raise test. He is diagnosed with status post micro-lumbar decompressive surgery, lumbar radiculopathy, lumbar facet arthropathy and lumbar disc herniations with neural foraminal narrowing. MTUS Guidelines do not recommend the use of Cyclobenzaprine for longer than 2 to 3 weeks. In this case, the patient has been taking Cyclobenzaprine as early as 02/23/15, which exceeds the 2 to 3 weeks recommended by MTUS Guidelines. Therefore, the requested Cyclobenzaprine IS NOT medically necessary.