

<b>Case Number:</b>	CM15-0188630		
<b>Date Assigned:</b>	09/30/2015	<b>Date of Injury:</b>	10/08/2014
<b>Decision Date:</b>	11/12/2015	<b>UR Denial Date:</b>	09/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/25/2015

### 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: 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:

This is a 39 year old female who sustained an industrial injury on 10-8-2014. A review of the medical records indicates that the injured worker is undergoing treatment for radicular low back pain, cervical pain and long term use of drug. Medical records (7-17-2015 to 9-10-2015) indicate ongoing low back pain radiating down the right leg. She also complained of numbness and weakness of the right leg. She rated her pain as 7 out of 10 with medications and 9 out of 10 without medications. Per the treating physician (9-10-2015), the injured worker was not currently working. The physical exam (9-10-2015) revealed pain with lumbar spine range of motion. Straight leg raise was positive on the right. Treatment has included physical therapy, chiropractic treatment and medications. Current medications (9-10-2015) included Ibuprofen and Gabapentin; Tramadol was stopped. She was to start Cyclobenzaprine on 8-10-2015. The request for authorization dated 9-17-2015 included Cyclobenzaprine. The original Utilization Review (UR) (9-24-2015) denied a request for Cyclobenzaprine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cyclobenzaprine 10mg #60:** 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:** Based on the 9/10/15 progress report provided by the treating physician, this patient presents with low back pain radiating down right leg, rated 8/10 on VAS scale. The treater has asked for Cyclobenzaprine 10MG #60 on 9/10/15. The patient's diagnosis per request for authorization dated 9/12/15 is radicular low back pain. The patient had an inappropriate urine drug screen recently per 9/10/15 report. The patient states that physical therapy has been effective in the past per 8/10/15 report. The patient has not yet had any injections or surgeries to the back per review of reports. The patient has no bowel or bladder problems per 8/10/15 report. The patient's work status is not currently working as of 9/10/15 report. MTUS Guidelines, Cyclobenzaprine section, page 64 states: "Recommended for a short course of therapy. Limited, mixed-evidence does not allow for a recommendation for chronic use. Cyclobenzaprine is a skeletal muscle relaxant and a central nervous system depressant with similar effects to tricyclic antidepressants (e.g. amitriptyline). This medication is not recommended to be used for longer than 2-3 weeks." The patient has been taking Cyclobenzaprine since at least 7/17/15 report, and in reports dated 8/10/15 and 9/10/15. Guidelines indicate that muscle relaxants such as Cyclobenzaprine are considered appropriate for acute exacerbations of pain/spasm. However, MTUS Guidelines do not recommend use for longer than 2 to 3 weeks. In this case, the requested 60 tablets does not imply the intent to utilize this medication short term. There is no discussion of an acute flare-up in this patient's symptoms, or a stated intent to utilize this medication short term. Therefore, the request IS NOT medically necessary.