

<b>Case Number:</b>	CM15-0192239		
<b>Date Assigned:</b>	10/06/2015	<b>Date of Injury:</b>	07/03/2009
<b>Decision Date:</b>	11/16/2015	<b>UR Denial Date:</b>	09/22/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/30/2015

### 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 57 year old male who sustained an industrial injury July 3, 2009. According to a comprehensive medical evaluation dated September 3, 2015, the injured worker presented for bilateral low back pain with radiating pain into the bilateral lower extremities with numbness and paresthesia. The physician documented Cyclobenzaprine 10mg #30 with (2) refills was denied August 18, 2015. Current medication included Norco, Neurontin, Flexeril, Pravastatin, Atenolol, and Pantoprazole. Physical examination revealed; lumbar- range of motion restricted by pain in all directions, discogenic provocative maneuvers were positive in all directions; nerve root tension signs negative bilaterally, Clonus, Babinski's and Hoffman's signs are absent bilaterally; decreased sensation, vibration in the bilateral L5 dermatomes; tandem walking within normal limits and reduced balance in heel toe walking. The physician documented he is appealing the denial of Cyclobenzaprine as the medication provides a 50% decrease in the injured workers spasms with maintenance of self-care and dressing. He has an up to date pain contract and his previous urine drug screen was consistent. There is no aberrant behavior and the medication helps him have 6-7 continuous hours sleep. A 12-panel drug screen was obtained during this visit (no result present in the medical record). Diagnoses are lumbar radiculopathy; lumbar spasms with lower extremity neuropathic pain; failed back surgery syndrome lumbar stenosis; lumbar facet joint arthropathy. At issue, is a request for authorization for Cyclobenzaprine. Electrodiagnostic tests dated April 15, 2015, (report present in the medical record) interpretation is documented as evidence of lower sensorimotor peripheral neuropathy; minimal findings in the left gastroc are consistent with S1 radiculopathy versus peripheral

neuropathy. According to a toxicology lab report dated May 14, 2015, (report present in the medical record) Hydrocodone, Hydromorphone, and Norhydrocodone test results are not expected based on prescribed medications. An MRI of the lumbar spine dated May 5, 2015 (report present in the medical record) impression is documented as; lipoma of the filum terminale without abnormality of the conus or distal cord; short segment 1.3mm, saccular aneurysm right lateral aortic wall located just proximal to the aortic bifurcation; degenerative disc changes are present L1-2, and L3-4; degenerative facet changes noted L5-S1; post-operative status L4-5 laminectomy, pedicle screw fixation, and disc spacer placement; no complications at the surgical site. According to utilization review dated September 22, 2015, the request for Cyclobenzaprine 10mg #30 Refill: (2) was non-certified.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Cyclobenzaprine 10mg, #30 with 2 refills to decrease spasms with maintenance of activities of daily living such as self-care and dressing: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Cyclobenzaprine (Flexeril), Muscle relaxants (for pain).

**Decision rationale:** The claimant sustained a work injury in July 2009 and continues to be treated for chronic pain. He has a history of an L4/5 fusion. Diagnoses include failed back surgery syndrome. There is no apparent technical failure of the fusion that was performed. Muscle relaxants have included Soma, Robaxin, and Flexeril is being prescribed on a long-term basis. When seen, he was having low back pain radiating into the lower extremities with numbness and paresthesias. Physical examination findings included a body mass index of 41. There was decreased and painful lumbar spine range of motion with positive discogenic provocative maneuvers. There was decreased left hip flexion strength and decreased bilateral lower extremity sensation. Medications were refilled including cyclobenzaprine with a 3 month supply prescribed. 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. Continued prescribing is not considered medically necessary.