

<b>Case Number:</b>	CM15-0192816		
<b>Date Assigned:</b>	10/06/2015	<b>Date of Injury:</b>	07/05/2012
<b>Decision Date:</b>	11/18/2015	<b>UR Denial Date:</b>	09/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/01/2015

### 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 53 year old male, who sustained an industrial injury on 07-05-2012. The injured worker is currently disabled. Medical records indicated that the injured worker is undergoing treatment for cervical myelopathy, lumbar facet pain, and acute sacroiliitis with trochanteric bursitis. Treatment and diagnostics to date has included radiofrequency procedure and use of medications. Current medications include Hydrocodone, Baclofen, Gabapentin, Cymbalta, and Cyclobenzaprine (10mg, two pills per day since at least 04-14-2015). After review of the progress note dated 09-17-2015, the injured worker reported increasing pain in his right lower back after he "slipped and twisted while taking a shower" approximately 10 days prior to appointment. The injured worker rated his pain level a 9 out of 10 on 09-17-2015 and 8 out of 10 on 07-21-2015. Objective findings included pain over the sacroiliac joint and trochanteric bursae, positive Faber's test and pelvic rock, and "extreme difficulty" rising up from a chair. The Utilization Review with a decision date of 09-23-2015 denied the request for Cyclobenzaprine 10mg #60, however, due to the nature of the drug, weaning was recommended and a month supply was allowed.

### 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, 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 patient presents on 09/17/15 with unrated lower back pain, particularly on the right. The patient's date of injury is 07/05/12. The request is for CYCLOBENZAPRINE 10MG #60. The RFA is dated 09/15/15. Physical examination dated 09/17/15 reveals pelvic tilt to the right, tenderness to palpation over the right SI joint and trochanteric bursa, positive FABER test, and positive pelvic rock test. The patient is currently prescribed Norco, Baclofen, Gabapentin, Cymbalta, and Cyclobenzaprine. Patient is currently classified as disabled. 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. In regard to the request for the continuation of Cyclobenzaprine, the provider has specified an excessive duration of therapy. This patient has been prescribed Cyclobenzaprine since at least 05/26/15. Guidelines indicate that muscle relaxants such as Cyclobenzaprine are considered appropriate for acute exacerbations of pain. However, MTUS Guidelines do not recommend use for longer than 2 to 3 weeks; the requested 60 tablets in addition to prior use does not imply short duration therapy. Therefore, the request IS NOT medically necessary.