

<b>Case Number:</b>	CM15-0198177		
<b>Date Assigned:</b>	10/13/2015	<b>Date of Injury:</b>	06/22/2014
<b>Decision Date:</b>	11/23/2015	<b>UR Denial Date:</b>	09/29/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/08/2015

### 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: Emergency Medicine

### 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, with a reported date of injury of 06-22-2014. The diagnoses include low back pain, back contusion, muscle spasm, left sciatica, thoracic spine vertebral compression fracture, lumbar and lumbosacral disc degeneration, lumbar spondylosis without myelopathy, lumbar sprain and strain, lumbosacral or thoracic neuritis, and thoracic sprain and strain. Treatments and evaluation to date have included Tylenol, Norco, Advil, bilateral L3-5 medial branches blocks, Cymbalta, Gabapentin, Tramadol, Zolpidem, and Cyclobenzaprine (since at least 04-2015). The diagnostic studies to date have included a CT scan of the thoracic spine on 06-23-2014 which showed degenerative changes in the lower lumbar spine; a CT scan of the head on 06-23-2013 with normal findings; x-rays of the cervical spine on 06-23-2014 which showed degenerative changes at the C5-6 level; a CT scan of the lumbar spine on 06-23-2014 which showed degenerative changes in the mid lumbar spaces and bilateral spondylosis at L5; an MRI of the lumbar spine on 08-04-2014 which showed lower lumbar hyperlordosis, apex left lumbar curvature, subacute mild anterior and right lateral wedge compression fracture of T11, bilateral L5 spondylolysis, L5-S1 anterolisthesis with minimal disc narrowing and uncovering of the disc, mild lower lumbar facet hypertrophy, disc and endplate degeneration with small disc bulge from L2-3 to L4-5, left eccentric disc extrusion and bulge at L2-3, and endplate swelling and fatty degeneration at L3-4, and fatty endplate degeneration at L2-3; and electrodiagnostic studies of the lower extremities on 05-29-2015 which showed lumbar radiculopathy on the left side. The progress report dated 09-16-2015 indicates that his thoracic spine pain was rated 6 out of 10, which increased to 8-9 out of 10 with activity; and his lumbar spine pain was rated 6 out of 10, which increased 8-10 out of 10 with activity. On 08-21-2015, the injured worker rated his low back pain 6 out of 10. The objective findings (09-16-2015)

include an antalgic gait, tenderness to palpation, thoracic and lumbar pain with moderate paraspinal muscles with active range of motion, flexion at 80 degrees, extension at 10 degrees, and side to side flexion at 15 degrees bilaterally. The treating physician refilled the injured worker prescription for Flexeril (Cyclobenzaprine). The injured worker has been instructed to remain off work until 10/16/2015. The treating physician requested Cyclobenzaprine 7.5mg #60. On 09-29-2015, Utilization Review (UR) non-certified the request for Cyclobenzaprine 7.5mg #60.

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

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

#### **1 prescription of Cyclobenzaprine 7.5mg #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): Muscle relaxants (for pain).

**Decision rationale:** The requested 1 prescription of Cyclobenzaprine 7.5mg #60 is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Muscle Relaxants, Page 63-66, do not recommend muscle relaxants as more efficacious than NSAIDs and do not recommend use of muscle relaxants beyond the acute phase of treatment. The injured worker rated his low back pain 6 out of 10. The objective findings (09-16-2015) include an antalgic gait, tenderness to palpation, thoracic and lumbar pain with moderate paraspinal muscles with active range of motion, flexion at 80 degrees, extension at 10 degrees, and side to side flexion at 15 degrees bilaterally. The treating physician has not documented duration of treatment, spasticity or hypertonicity on exam, intolerance to NSAID treatment, nor objective evidence of derived functional improvement from its previous use. The criteria noted above not having been met, 1 prescription of Cyclobenzaprine 7.5mg #60 is not medically necessary.