

<b>Case Number:</b>	CM15-0201795		
<b>Date Assigned:</b>	10/16/2015	<b>Date of Injury:</b>	10/25/2013
<b>Decision Date:</b>	11/25/2015	<b>UR Denial Date:</b>	10/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/14/2015

### 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:

This is a 44 year old female who sustained a work-related injury on 10-25-13. Medical record documentation on 8-12-15 revealed the injured worker was being treated for lumbar radiculopathy, lumbar stenosis, right hip trochanteric bursitis, right knee pain and right foot pain. She reported that her symptoms had remained unchanged. She noted pain in the low back, right leg to the knee, right hip, and right foot. She rated her low back pain as a 9 on a 10-point scale. Objective findings included a markedly antalgic gait. She had tenderness to palpation over the lumbar spine and a positive FABER test on the right. Her lumbar spine range of motion included flexion to 20 degrees, extension to 5 degrees, and bilateral lateral bending to 15 degrees. Previous treatment included 23 sessions of physical therapy with minimal relief, 10 sessions of aqua therapy with significant relief and greater trochanteric bursa steroid injections with minimal relief. Previous medications included Tylenol, Advil, and Naproxen all with mild relief. Her current medications included Norco 5-325 mg, Topical cream and Advil. MRI of the lumbar spine on 5-28-15 was documented by the evaluating physician as revealing early degenerative disc disease involving L4-5 and l5-S1 without central canal or bilateral neural frontal stenosis. A request for acupuncture one times per week for six weeks for the low back, cyclobenzaprine 7.5 mg #30 and Flexeril cream was received on 9-22-15. On 10-5-15, the Utilization Review physician determined acupuncture one times per week for six weeks for the low back, cyclobenzaprine 7.5 mg #30 and Flexeril cream was not medically necessary.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cyclobenzaprine 7.5mg #30 (Dispensed to the patient 8/26/2015): 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 October 2013 while assisting a person in a wheelchair while working as a bus driver. She sustained an injury to her right foot, hip, and knee and subsequently developed low back pain. Treatments have included medications, trochanteric bursa injections, 23 sessions of physical therapy with minimal relief, chiropractic treatments for the right hip without benefit, and 10 sessions of aquatic therapy which did provide significant pain relief. When seen, she was having low back pain rated at 8-10/10. She was having radiating symptoms into the right lower extremity. Physical examination findings included positive right straight leg raising. There was decreased right lower extremity sensation. There was right lumbar and piriformis muscle tenderness. Facet loading was negative. Authorization was requested for oral and topical cyclobenzaprine and six acupuncture treatment sessions. 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 no complaints or findings of muscle spasms. Prescribing cyclobenzaprine is not medically necessary.

**Acupuncture 1x6 for low back: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Acupuncture Treatment 2007.

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment 2007.

**Decision rationale:** The claimant sustained a work injury in October 2013 while assisting a person in a wheelchair while working as a bus driver. She sustained an injury to her right foot, hip, and knee and subsequently developed low back pain. Treatments have included medications, trochanteric bursa injections, 23 sessions of physical therapy with minimal relief, chiropractic treatments for the right hip without benefit, and 10 sessions of aquatic therapy which did provide significant pain relief. When seen, she was having low back pain rated at 8-10/10. She was having radiating symptoms into the right lower extremity. Physical examination findings included positive right straight leg raising. There was decreased right lower extremity sensation. There was right lumbar and piriformis muscle tenderness. Facet loading was negative. Authorization was requested for oral and topical cyclobenzaprine and six acupuncture treatment sessions. Guidelines recommend acupuncture as an option as an adjunct to physical rehabilitation with up to 6 treatments 1 to 3 times per week with extension of treatment if functional improvement is documented. In this case, the claimant has already had physical

therapy and would be expected to be able to perform a home exercise program in combination with acupuncture treatments. The requested number of treatments is within guideline recommendations and is medically necessary.

**Flexeril cream ordered 8/26/15:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

**Decision rationale:** The claimant sustained a work injury in October 2013 while assisting a person in a wheelchair while working as a bus driver. She sustained an injury to her right foot, hip, and knee and subsequently developed low back pain. Treatments have included medications, trochanteric bursa injections, 23 sessions of physical therapy with minimal relief, chiropractic treatments for the right hip without benefit, and 10 sessions of aquatic therapy which did provide significant pain relief. When seen, she was having low back pain rated at 8-10/10. She was having radiating symptoms into the right lower extremity. Physical examination findings included positive right straight leg raising. There was decreased right lower extremity sensation. There was right lumbar and piriformis muscle tenderness. Facet loading was negative. Authorization was requested for oral and topical cyclobenzaprine and six acupuncture treatment sessions. In terms of topical treatments, Flexeril (cyclobenzaprine) is a muscle relaxant and there is no evidence for the use of any muscle relaxant as a topical product. Any compounded product that contains at least one drug or drug class that is not recommended is not recommended. By prescribing a compounded medication, in addition to increased risk of adverse side effects, it would be difficult or impossible to determine whether any derived benefit was due to a particular component. In this case, there are other topical treatments with generic availability that could be considered. Oral cyclobenzaprine was prescribed which was duplicative. This medication is not medically necessary.