

<b>Case Number:</b>	CM15-0205696		
<b>Date Assigned:</b>	10/22/2015	<b>Date of Injury:</b>	08/20/2012
<b>Decision Date:</b>	12/07/2015	<b>UR Denial Date:</b>	10/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/19/2015

### 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: Preventive Medicine, Occupational 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 32 year old female, who sustained an industrial injury on 8-20-12. The injured worker was diagnosed as having status post remote L4-5 decompression, protrusion at L4-5 with no significant neural encroachment, lumbar spondylosis at L4-S1, herniated nucleus pulposus, and lumboparaspinal trigger points. Treatment to date has included trigger point injections, physical therapy, home exercise, and medication including Tramadol and Cyclobenzaprine. On 9-24-15 the treating physician noted "medication at current dosing facilitates maintenance of activities of daily living with examples provided including light household duties, shopping for groceries, grooming, and cooking." On 9-24-15 physical examination findings included multiple trigger points in the lumbar paraspinal musculature. A straight leg raise test was noted on the right. Sensation was diminished in the right L5 and S1 dermatomal distributions. Spasm was present in the lumboparaspinal musculature. On 8-13-15 pain was rated as 8 of 10 in the low back and 6 of 10 in the cervical spine. The injured worker had been taking Cyclobenzaprine since at least March 2015. On 9-24-15, the injured worker complained of low back pain with left lower extremity symptoms rated as 8 of 10. Cervical pain and upper extremity symptoms rated as 6 of 10 were also noted. The treating physician requested authorization for Cyclobenzaprine 7.5mg #90. On 10-13-15 the request was non-certified by utilization review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cyclobenzaprine 7.5mg #90 (DOS 09/03/2015): Upheld**

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

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

**Decision rationale:** Cyclobenzaprine is recommended by the MTUS Guidelines for short periods with acute exacerbations, but not for chronic or extended use. These guidelines report that the effect of cyclobenzaprine is greatest in the first four days of treatment. Cyclobenzaprine is associated with drowsiness and dizziness. In this case, the injured worker has chronic pain with no evidence of acute muscle spasm. The long term, chronic use of this medication is not supported. Chronic use of cyclobenzaprine may cause dependence, and sudden discontinuation may result in withdrawal symptoms. Discontinuation should include a tapering dose to decrease withdrawal symptoms. This request however is not for a tapering dose. The request for Cyclobenzaprine 7.5mg #90 (DOS 09/03/2015) is determined to not be medically necessary.