

<b>Case Number:</b>	CM15-0206883		
<b>Date Assigned:</b>	10/23/2015	<b>Date of Injury:</b>	01/27/2000
<b>Decision Date:</b>	12/04/2015	<b>UR Denial Date:</b>	10/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/20/2015

### 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: Florida

Certification(s)/Specialty: Family Practice

### 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 64 year old male who sustained an industrial injury on 01-27-2000. A review of the medical records indicated that the injured worker is undergoing treatment for lumbar spondylosis and lumbar radiculopathy. According to the treating physician's progress report on 10-01-2015, the injured worker continues to experience low back pain with left lower extremity symptoms rated at 7 out of 10 on the pain scale. The injured worker would like to refrain from interventional treatment. The injured worker denies side effects from medications. Examination demonstrated tenderness of the lumbar spine and spasm of the lumbar paravertebral musculature with flexion at 60% normal, extension at 50% normal, bilateral lateral tilt at 50% normal and left rotation at 40% normal. There was left positive straight leg raise for pain at 35 degrees. Prior treatments were not noted except for medications. Current medications were listed as Hydrocodone, Naproxen, Cyclobenzaprine (prescribed since 07-2015) and Pantoprazole. Treatment plan consists of continuing medical management, topical compounds, lumbosacral orthosis and the current request for Cyclobenzaprine 7.5mg #90. On 10-13-2015, the Utilization Review determined the request for Cyclobenzaprine 7.5mg #90 was not medically necessary.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 prescription of Cyclobenzaprine 7.5 mg #90: 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:** In accordance with the California MTUS guidelines, Cyclobenzaprine is a muscle relaxant and muscle relaxants are not recommended for the treatment of chronic pain. From the MTUS guidelines: "Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence." Likewise, this request for Cyclobenzaprine is not medically necessary.