

<b>Case Number:</b>	CM15-0025922		
<b>Date Assigned:</b>	02/18/2015	<b>Date of Injury:</b>	06/10/2009
<b>Decision Date:</b>	03/30/2015	<b>UR Denial Date:</b>	02/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/11/2015

### 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 65 year old male who sustained an industrial injury on 6/10/09. He currently complains of intermittently, severe low back pain and neck pain and headaches. He has radiation of pain from the neck, numbness and tingling down both arms to his hands, the right greater than the left and radiation of back pain with numbness and tingling down bilateral lower extremities into his feet. His pain intensity is 7/10. He is experiencing sleep difficulties due to pain. Of note, he has nose surgery 9/9/14 the nose injury was part of his industrial injury. Medications are gabapentin, Flexaril and Prilosec. The medications decrease his pain by 50% temporarily and allow him to do more activities. Diagnoses include herniated nucleus propulsus of the lumbar spine with moderate to severe stenosis; bilateral L5 spondylosis; lumbar radiculopathy; thoracic and cervical sprain/ strain with possible intradiscal injury; possible cervical radiculopathy; right shoulder rotator cuff tear; bilateral shoulder impingement and bursitis; left S1 radiculopathy and bilateral carpal tunnel syndrome per electromyography; right sacroillitis. Treatments to date include occipital nerve block which decreased his headaches by more than 50%, home exercise program, chiropractic and acupuncture treatments that offered minimal temporary relief. Diagnostics include abnormal lumbar MRI (1/27/13); abnormal computed tomography of facial structures (6/11/14). In the progress note dated 12/8/14 the treating provider requested cyclobenzaprine for severe spasms. On 2/5/15 Utilization review non-certified the request for cyclobenzaprine 7.5 mg # 30 citing MTUS: Chronic pain Medical Treatment Guidelines: Muscle Relaxants.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Cyclobenzaprine 7.5mg #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxant.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants, pg 128.

**Decision rationale:** Guidelines do not recommend long-term use of this muscle relaxant for this chronic injury. Additionally, the efficacy in clinical trials has been inconsistent and most studies are small and of short duration. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. Submitted reports have not adequately demonstrated the indication or medical need for this treatment and there is no report of significant clinical findings, acute flare-up or new injury to support for its long-term use. There is no report of functional improvement resulting from its previous treatment to support further use as the patient remains unchanged. The Cyclobenzaprine 7.5mg #30 is not medically necessary and appropriate.