

<b>Case Number:</b>	CM15-0049496		
<b>Date Assigned:</b>	03/23/2015	<b>Date of Injury:</b>	07/30/2014
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	02/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/16/2015

### 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 49 year old male who sustained an industrial injury on 07/30/14. Initial complaints include low back pain. Initial diagnoses are lumbar strain/strain, lumbar radiculopathy and muscle spasm in the back. Treatments to date include medications and physical therapy. Diagnostic studies are not discussed. Current complaints include back pain. In a progress note dated 01/21/15 the treating provider reports the plan of care includes medications including Naproxen, Omeprazole, and Cyclobenzaprine, and a lumbar epidural injection. The requested treatment is Cyclobenzaprine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cyclobenzaprine 7.5 mg Qty 60, take 3 times daily as needed:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 65.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines muscle relaxants Page(s): 63-66.

**Decision rationale:** The patient was injured on 07/30/2014 and presents with lumbar spine and cervical spine pain. The request is for Cyclobenzaprine 7.5 mg #60, take 3 times a daily as needed. The RFA is dated 01/30/2015 and the patient is off work until 02/02/2015. "He can return to work as of 02/02/2015. He is advised to return to work after this shift on modified duty. Expected maximum medical improvement date 02/19/2015. Restrictions for return to modified work as follows: The patient should work in a sit-down job". The patient has been taking cyclobenzaprine as early as 11/19/2014. MTUS Guidelines page 63-66 states "Muscle relaxants (for pain): Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. The most commonly prescribed antispasmodic agents are carisoprodol, cyclobenzaprine, metaxalone, and methocarbamol, but despite their popularity, skeletal muscle relaxants should not be the primary drug class of choice for musculoskeletal conditions. Cyclobenzaprine (Flexeril, Amrix, Fexmid, generic available): Recommend for a short course of therapy". Upon examination, the patient's cervical spine has paraspinal tenderness at C4 through C7 as well as bilateral upper trapezius. Lumbar spine demonstrated tenderness at L3 through S1, as well as superior iliac crest. He has a limited range of motion with the lower back. The patient is diagnosed with cervical sprain/strain, lumbosacral sprain/strain with radiation to left lower extremity, and discopathy L5-S1. MTUS Guidelines do not recommend use of cyclobenzaprine for longer than 2 to 3 weeks. In this case, the patient has been taking cyclobenzaprine as early as 11/19/2014, which exceeds a 2-3 week limit recommended by MTUS Guidelines. Therefore, the requested cyclobenzaprine is not medically necessary.