

<b>Case Number:</b>	CM15-0056555		
<b>Date Assigned:</b>	04/01/2015	<b>Date of Injury:</b>	11/12/2013
<b>Decision Date:</b>	08/10/2015	<b>UR Denial Date:</b>	03/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/25/2015

### 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: 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 55-year-old male who sustained an industrial injury on 11/12/2013. The injured worker was diagnosed with left knee degenerative arthritis and multi-level lumbar disc protrusion, lumbar radiculopathy, facet osteoarthropathy lower lumbar spine and bilateral hip osteoarthritis. The injured worker is status post a left total hip arthroplasty with elongated left lower extremity on June 30, 2014. Treatment to date has included diagnostic testing, surgery, epidural steroid injection, physical therapy and medications. According to the primary treating physician's progress report on March 3, 2015, the injured worker continues to experience low back pain with bilateral lower extremities symptoms, right side greater than left side. The injured worker rates his pain level at 7/10. The injured worker also reports bilateral knee and bilateral hip pain worse on the left hip. Examination of the lumbar spine revealed limited range of motion with spasm of the lumbar paraspinal and calf muscles on the left. Examination demonstrated diffuse tenderness of the left hip with markedly limited range of motion with pain. There was diffuse left knee tenderness with range of motion documented at 0-110 degrees with painful patellofemoral crepitation. No effusion was evident. There were negative Lachman, anterior and posterior drawer tests with 5-/5 quadriceps motor strength. Left ankle was noted to have tenderness at the lateral ligament without instability. The right hip had full range of motion with motor strength intact. The right knee noted tenderness at the medial aspect with range of motion at 0-110 degrees with painful patellofemoral crepitation and 5-/5 quadriceps motor strength. Current medications are listed as Hydrocodone, Tramadol ER 150mg, Naproxen, Cyclobenzaprine and Pantoprazole. Treatment plan consists of urine drug screening and the current retrospective request for Cyclobenzaprine (DOS: 02/03/2015).

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective Cyclobenzaprine 7.5mg #90 DOS: 2/3/2015:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine Page(s): 41.

**Decision rationale:** The MTUS/Chronic Pain Medical Treatment guidelines comment on the use of muscle relaxants, including Cyclobenzaprine, as a treatment modality. Cyclobenzaprine is recommended as an option, using a short course of therapy. Cyclobenzaprine (Flexeril) is more effective than placebo in the management of back pain; the effect is modest and comes at the price of greater adverse effects. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. Treatment should be brief. In this case, the records indicate that Cyclobenzaprine is being used as a long-term treatment for this patient's chronic pain syndrome. As noted in the above cited guidelines, only short-term use is recommended. There is no justification provided in the medical records to support long-term use in this patient. For these reasons, Cyclobenzaprine is not considered as a medically necessary treatment.