

<b>Case Number:</b>	CM15-0240706		
<b>Date Assigned:</b>	12/17/2015	<b>Date of Injury:</b>	02/01/2011
<b>Decision Date:</b>	01/22/2016	<b>UR Denial Date:</b>	11/19/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/09/2015

### 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, Indiana, New York  
 Certification(s)/Specialty: Internal 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 48-year-old male, who sustained an industrial injury on 2-1-2011. Diagnoses include chronic pain, radiculopathy, facet arthropathy, carpal tunnel syndrome, bilateral shoulder pain, headaches, gastroesophageal reflux disorder, and status post bilateral shoulder surgery. Treatments to date include activity modification, cervical epidural steroid injection, home traction, and lumbar rhizotomy, and medication therapy including Hydrocodone-APAP 10-325mg twice daily, Mobic, Protonix, and Tizanidine. On 11-11-15, he complained of ongoing neck pain and muscle spasms with radiation to upper extremities and low back pain with radiation to lower extremities. Pain was rated 4-5 out of 10 VAS with medications and 7-9 out of 10 VAS without medications. Pain relief was noted to last 4.5 hours and there was increased functional ability noted from medication use. He further reported gastroesophageal reflux disease (GERD) related to medication use. The physical examination documented cervical and lumbar tenderness with limited range of motion. The plan of care included discontinuation of Tizanidine due to non-authorization, and prescriptions for Flexeril 7.5mg daily #30, Lunesta 3mg before bed #30, Hydrocodone-APAP 10-325mg, Norco 10-325mg, and Mobic were provided. The appeal requested authorization for a prescription of Cyclobenzaprine 7.5mg #60. The Utilization Review dated 11-19-15, denied the request.

### IMR ISSUES, DECISIONS AND RATIONALES

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

## **Cyclobenzaprine 7.5mg #60: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Cyclobenzaprine (Flexeril). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Muscle relaxants.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, cyclobenzaprine 7.5 mg, #60 is not medically necessary. Muscle relaxants are recommended as a second line option short-term (less than two weeks) of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain. Efficacy appears to diminish over time and prolonged use may lead to dependence. In this case, the injured worker's working diagnoses are chronic pain, radiculopathy, facet arthropathy, carpal tunnel syndrome, bilateral shoulder pain, headaches, gastroesophageal reflux disorder, and status post bilateral shoulder surgery. Date of injury is February 1, 2011. Request for authorization is November 16, 2015. The documentation indicates Flexeril was noncertified August 2, 2013 (UR#385276). There was no clinical rationale for restarting Flexeril. According to the most recent progress note dated November 11, 2015, Tizanidine was prescribed for an indefinite duration. The treating provider is now requesting both Tizanidine and Flexeril. Subjective complaints include neck pain that radiates to the bilateral upper extremities and low back pain that radiates to the lower extremities. The injured worker complains of insomnia. Objectively, there is tenderness over the cervical paravertebral muscles and trapezius with decreased range of motion. There is tenderness over the lumbar paravertebral muscles L3- L5. Cyclobenzaprine is recommended as a second line option short-term (less than two weeks) of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain. The documentation indicates cyclobenzaprine was noncertified August 2, 2013. There are no compelling clinical facts indicating cyclobenzaprine is clinically indicated. Additionally, the treating provider is requesting two muscle relaxants, Flexeril and Tizanidine. There is no clinical indication for two muscle relaxants. There is no documentation of acute low back pain or an acute exacerbation of chronic low back pain. Based on clinical information in the medical record, peer-reviewed evidence-based guidelines, continued muscle relaxant use well in excess of the recommended guidelines for short-term (less than two weeks), no documentation of acute low back pain or an acute exacerbation of chronic low back pain and not clinical rationale for restarting Flexeril (noncertified August 2, 2013), cyclobenzaprine 7.5 mg, #60 is not medically necessary.