

<b>Case Number:</b>	CM14-0120951		
<b>Date Assigned:</b>	09/16/2014	<b>Date of Injury:</b>	06/03/2012
<b>Decision Date:</b>	10/15/2014	<b>UR Denial Date:</b>	07/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/31/2014

### 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. The expert reviewer is Board Certified in Family Medicine and is licensed to practice in New Jersey and New York. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 37 year-old female who sustained a lower back injury through repetitive simulative trauma at her place of employment on 6/3/12. On exam, patient had tender back with reduced range of motion and multiple positive maneuvers, but normal strength and sensation. She was diagnosed with chronic lumbar pain with bilateral lower extremity radicular pain, neuropathic pain, and recurrent myofascial strain, and congenital scoliosis. The patient had been treated analgesics, muscle relaxants, sleep aids, anxiolytics, hot and cold applications, and interventional procedures including sacroiliac joint injections. Medications used were listed as Lidoderm, Thermacare, Celebrex, Flexeril, Rozerem, Norco, and Valium which allowed the patient to remain "functional" and she had not suffered from any adverse effects. In 11/2012, she had CT of the lumbar spine showing thoracolumbar fusion down to L2 posteriorly, lumbar disc bulges, degenerative disc disease, and facet hypertrophy. In 9/2013, she had a lumbar medial branch block and failed physical therapy. In 2/2014, the patient had bilateral sacroiliac joint steroid injections but still complained of lower back ache and poor quality of sleep afterwards. The patient continued on medications and was being evaluated for possible surgical intervention in the future. The current review is for the continued use of cyclobenzaprine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cyclobenzaprine 10mg tablets one daily as needed #30 for lumbar spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation ODG (Official Disability Guidelines)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
Cyclobenzaprine Page(s): 41-42.

**Decision rationale:** The use of Cyclobenzaprine for lumbar pain is medically unnecessary at this point. It is indicated for short-term use with best efficacy in the first four days. The effect is modest and comes with many adverse side effects including dizziness and drowsiness. The use of Cyclobenzaprine with other agents is not recommended. The patient is on Rozerem for sleep disorder may compound the adverse effects of drowsiness and dizziness. There are general statements documenting improvement in pain and function while using her medications but no specific details are listed and it is unclear if Cyclobenzaprine is necessarily contributing to this improvement. This muscle relaxant is useful for acute exacerbations of chronic lower back pain. Therefore, continued use is considered not medically necessary.