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| <b>Case Number:</b>   | CM14-0140079 |                              |            |
| <b>Date Assigned:</b> | 09/08/2014   | <b>Date of Injury:</b>       | 05/07/2009 |
| <b>Decision Date:</b> | 10/10/2014   | <b>UR Denial Date:</b>       | 08/04/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 08/29/2014 |

### 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 Orthopedic Surgery and is licensed to practice in Texas. 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 61-year-old male who reported an injury on 05/07/2009; the mechanism of injury was not indicated. The injured worker had diagnoses including post laminectomy syndrome, back disorder and lumbosacral spondylosis. Prior treatment has included a lumbar medial branch block bilaterally at L3-L4, L4-L5 and L5-S1, a caudal epidural steroid injection, a sacroiliac joint steroid injection, a left piriformis steroid injection, an opioid detoxification program, and home exercise program. Diagnostic studies included an MRI of the cervical spine, thoracic spine, and lumbar spine. The injured worker complained of low back pain. The clinical note dated 09/15/2014 indicates the paraspinal muscles were without tenderness, increased tone, or appreciable trigger point. The thoracic spine showed full flexion, extension and lateral bending. The spinous processes were non-tender to palpation and percussion. Lumbar spine range of motion was restricted, with flexion limited to 65 by pain, extension limited to 10, and right lateral bending limited to 20. Upon palpation there was tenderness to the paravertebral muscles and tight muscle bands were noted on both sides. Medications included Norco, Fortesta gel pump, Butrans patch, Cyclobenzaprine, Percocet, and Diazepam. The treatment plan included a request for Cyclobenzaprine 10mg #270. The rationale was to lessen his low back pain. The request for authorization was not provided within the medical records.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Pharmacy purchase of Cyclobenzaprine 10 mg #270: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63.

**Decision rationale:** The request for Cyclobenzaprine 10mg #270 is not medically necessary. The injured worker complained of low back pain. The California Chronic Pain Medical Treatment Guidelines recommend non-sedating muscle relaxants with caution as a second-line option for the short-term treatment of acute exacerbations in patients with chronic low back pain. Muscle relaxants may be effective in reducing pain and muscle tension and increasing mobility. However, in most low back pain cases, they show no benefit beyond NSAIDs (non-steroidal anti-inflammatory drugs) in pain and overall improvement. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. The injured worker has been prescribed this medication since at least 02/2014. The continued use of this medication would exceed the guideline recommendation for a short course of treatment. There is a lack of documentation indicating the injured worker has experienced significant objective functional improvement with the medication. Additionally, the request does not indicate the frequency at which the medication is prescribed in order to determine the necessity of the medication. Therefore, the request is not medically necessary.