

<b>Case Number:</b>	CM14-0147037		
<b>Date Assigned:</b>	09/15/2014	<b>Date of Injury:</b>	07/09/2008
<b>Decision Date:</b>	11/24/2014	<b>UR Denial Date:</b>	08/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/10/2014

### 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 Pain Management and is licensed to practice in California. 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 52 year old female with a date of injury on 7/9/2008. As of the 8/12/14 report, she presented with persistent low back pain radiating to the right lower extremity which she described as throbbing and sharp shooting. The pain was rated at an 8/10. The examination revealed antalgic gait on the right, tenderness in the lumbar facet joints and in the right posterior superior iliac spine, spasms in the lumbar paraspinal and right gluteal region musculature, as well as dysesthesia to light touch in the right L5 dermatome. The bone scan dated 1/29/13 revealed, normal distribution of the radionuclide including the area where there was discogenic disease at L5-S1. Magnetic resonance imaging of the lumbar spine dated 1/10/12, revealed significant progression of disc desiccation in disc height at L5-S1 with associated end plate degenerative changes and minimal left neural foraminal narrowing. The L5 nerve root was closely approximating the disc protrusion far laterally at L5-S1. An x-ray of the pelvis dated 1/10/12 revealed no bony abnormality. The electromyogram (EMG) and nerve conduction study of the right lower extremity dated 8/20/12 revealed right S1 radiculopathy, subacute to chronic in nature, mild in severity, and sensory polyneuropathy in right lower extremity. She is currently on Trazodone, cyclobenzaprine, Norco, and gabapentin. She is currently taking gabapentin 3 times a day without adverse effects. She is able to drive and also has increased her activity level with the help of gabapentin and other medications that are helping her with her pain. Her diagnoses include right sacroiliitis; possibility of the right lumbar radiculopathy; myofascial pain; chronic low back pain; right hip pain; status post left knee partial meniscectomy; bilateral knee pain; and degenerative joint disease bilateral knees.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cyclobenzaprine 10mg #30:** 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 Flexeril Page(s): 41.

**Decision rationale:** Per the California Medical Treatment Utilization Schedule guidelines, non-sedating muscle relaxants are recommended with caution as a second-line option for short-term treatment of acute exacerbation in injured workers with chronic low back pain. Muscle relaxants may be effective in reducing pain, reducing muscle tension, and increasing mobility. However, in most low back pain cases, they show no benefit beyond 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. Cyclobenzaprine is recommended as an option using a short course of therapy. The effect is greatest in the first 4 days of treatment suggesting that shorter courses may be better. There is also a post-op use. Cyclobenzaprine is a skeletal muscle relaxant and a central nervous system (CNS) depressant. In this case, there is little to no evidence of substantial spasm unresponsive to first line therapy. There is no documentation of significant improvement in function with continuous use. Chronic use of this medication is not recommended. Therefore, this request is not medically necessary.