

<b>Case Number:</b>	CM14-0152886		
<b>Date Assigned:</b>	09/23/2014	<b>Date of Injury:</b>	08/06/2007
<b>Decision Date:</b>	10/29/2014	<b>UR Denial Date:</b>	09/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/19/2014

### 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 Physical Medicine and Rehabilitation 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 patient is a 43 year old female who was injured on 08/06/2007. The mechanism of injury is unknown. Prior medication history included as of 05/14/2014 included Lidoderm 5%, Humalog 100 units, Lexapro 10 mg, Celebrex 200 mg, Flexeril 10 mg, metformin 1, 000, pravastatin 10 mg, and Adipex-P. Progress report (PR) dated 07/09/2014 noted the patient presented for an MRI follow-up. Back pain was reported, described as aching and dull, rated as a 7. Symptoms alleviated by lying down, aggravated by prolonged standing and prolonged walking. Inspection of the lumbar spine showed no deformity, erythema, soft tissue swelling, ecchymosis or atrophy. The patient had severe tenderness on palpation at the right iliac crest with radiation throughout the right inguinal region. FABER test was positive. Internal and external rotation of the hip increased pain. Resisted straight leg raise test was positive on the right. Right ankle dorsiflexion was 4+/5; left ankle dorsiflexion 5/5; right great toe extension 5-/5; left great toe extension 5/5. Sensation to light touch demonstrated decreased sensation on the right in the L5 dermatome. Gait was slightly antalgic. Listed diagnoses included low back pain, sciatica, backache, lumbar radiculopathy, lumbar degenerative disc disease, spinal stenosis without neurogenic claudication, degenerative joint disease of the spine, pain in the joints of the pelvis and thigh. The note documented a review of an MRI from 2013 which showed degenerative disc disease and bilateral foraminal stenosis at L4-L5, mild. PR dated 08/14/2014 stated the patient presented with complaints of right lower back pain which she rated as 7/10. She stated her pain was aggravated with prolonged activity and alleviated by lying down. There were no significant or relevant findings listed on her exam other than an absence of gait antalgia. She was diagnosed with lumbar degenerative disc disease, spinal stenosis without neurogenic claudication, low back pain, sciatica, radiculitis, and backache. A recommendation was made for Celebrex 200 mg, Flexeril 10 mg, and Lidoderm 5%. Prior utilization review dated 09/10/2014 states the request for

Retrospective use of Cyclobenzaprine HCL 10mg #90 (DOS 8/14/14) was denied as there is a lack of documented evidence to support the request.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Retrospective use of Cyclobenzaprine HCL 10mg #90 (DOS 8/14/14): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (For pain) Page(s): 63-66.

**Decision rationale:** Cyclobenzaprine is a skeletal muscle relaxant and a central nervous system depressant with similar effects to tricyclic antidepressants. The Medical Utilization Treatment Schedule (MTUS) recommends the use of muscle relaxants with caution as a second-line option for short term (less than 2-weeks) treatment of acute exacerbations in patients with chronic low back pain. They may be effective in reducing pain and muscle tension, and increasing mobility. Of note, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement. There appears to be no additional benefit beyond NSAIDs, and efficacy appears to diminish over time. Cyclobenzaprine is more effective than placebo in the management of back pain, although the effect is modest and comes at the price of adverse effects. The greatest effect of treatment appears to be in the first 4 days. It is recommended for a short course of therapy. Limited, mixed-evidence does not support chronic use, and is not recommended to be used for longer than 2-3 weeks. Medical documents show the patient has been on Flexeril since at least 08/06/2013 (the earliest progress report provided). There is no documentation to support a recent acute exacerbation of the patient's chronic back pain. Based on the MTUS guidelines and criteria as well as the clinical documentation stated above, the request is not medically necessary.