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| <b>Case Number:</b>   | CM14-0184820 |                              |            |
| <b>Date Assigned:</b> | 11/12/2014   | <b>Date of Injury:</b>       | 08/06/2014 |
| <b>Decision Date:</b> | 12/19/2014   | <b>UR Denial Date:</b>       | 10/20/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 11/06/2014 |

### 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 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:

This is a 23-year-old male who reported an industrial injury to the neck and back on 8/6/2014, four (4) months ago, attributed to the performance of his usual and customary job tasks reported as a slip and fall while caring a 4-foot ladder. An initial CT scan of the head was normal. Subsequent CT scans to the cervical spine, thoracic spine, and lumbar spine demonstrated no acute pathology. The patient was initially noted to spend five (5) days in the hospital for pain control subsequent to the 8/6/14 date of injury. The patient was diagnosed with a possible cervical spine fracture, thoracic spine fracture, and lumbar spine fracture with musculoskeletal strain. The patient has been prescribed Norco and cyclobenzaprine one tablet per day. The patient reportedly has been unable to return back to work. The patient continues to complain of neck, left shoulder, mid back, low back, left hand, bilateral buttock, and bilateral lower extremity pain. The patient has been prescribed cyclobenzaprine 10 mg #30 once per day with five (5) refills.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cyclobenzaprine 10mg #30 with 5 refills:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47, Chronic Pain Treatment Guidelines Muscle relaxants for pain Page(s): 63-64. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain chapter- medications for chronic pain; muscle relaxants; cyclobenzaprine

**Decision rationale:** The prescription for Flexeril (cyclobenzaprine) 10 mg #30 with refill x5 is recommended for the short-term treatment of muscle spasms and not for the long-term treatment of chronic pain. The patient has been prescribed muscle relaxers on a long-term basis contrary to the recommendations of the CA MTUS. The patient is prescribed muscle relaxers on a routine basis for chronic pain. The muscle relaxers are directed to the relief of muscle spasms. The chronic use of muscle relaxants is not recommended by the CA MTUS, the ACOEM Guidelines, or the Official Disability Guidelines for the treatment of chronic pain. The use of muscle relaxants are recommended to be prescribed only briefly in a short course of therapy. There is no medical necessity demonstrated for the use of muscle relaxants for more than the initial short-term treatment of muscle spasms. There is a demonstrated medical necessity for the prescription of muscle relaxers on a routine basis for chronic back pain. The cyclobenzaprine was used as an adjunct treatment for muscle and there is demonstrated medical necessity for the Cyclobenzaprine/Flexeril for the cited industrial injury. The continued prescription of a muscle relaxant was not consistent with the evidence-based guidelines. There is no medical necessity for the use of cyclobenzaprine QHS as a sleep aid. There is no medical necessity for a prescription of one tab per day. The California MTUS states that cyclobenzaprine is recommended for a short course of therapy. Limited, mixed evidence does not allow for a recommendation for chronic use. Cyclobenzaprine is a skeletal muscle relaxant and a central nervous system depressant with similar effects to tricyclic antidepressants. Evidence-based guidelines state this medication is not recommended to be used for longer than 2 to 3 weeks. There is no demonstrated medical necessity for the prescription of cyclobenzaprine 10 mg #30 with refill x5 for the effects of the industrial injury.