

<b>Case Number:</b>	CM14-0082656		
<b>Date Assigned:</b>	09/18/2014	<b>Date of Injury:</b>	09/27/2012
<b>Decision Date:</b>	10/16/2014	<b>UR Denial Date:</b>	05/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/04/2014

### 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 Anesthesiology 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 46-year-old female with a date of injury of 09/27/2012. The patients' diagnoses include lumbar spine myofascial pain syndrome, right lower extremity radicular pain, L5-S1 herniated disc and retrolisthesis, facet arthrosis L4-L5, L5-S1 left neuroforaminal stenosis, L5-S1 central and bilateral foraminal stenosis, sleep disorder, anxiety and depression. In July 2014 the patient is noted to have constant severe lumbar spine pain with radiation to bilateral lower extremities with motor weakness and sensory deficit. This pain is rated as an 8 on a scale of 1 to 10. Flexeril is prescribed T.I.D. for spasm. Documented medical evidence notes this patient has ongoing symptoms with little to no long-term improvement with chronic medications, creams and epidural steroid injections. In August 2014 this patient is noted to have continued constant pain in her back with radiation to bilateral lower extremities. The documented treatment plan according to the medical record on August 22, 2014 includes plans for surgical decompression and fusion.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cyclobenzaprine HCL 10mg #90:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Flexeril, Medications for Chronic Pain, Antispasmodics Page(s): 41-42, 48, 60-64.

**Decision rationale:** This is a review of the request for Cyclobenzaprine HCL 10 mg #90. Cyclobenzaprine (Flexeril) is a muscle relaxant and a central nervous system depressant. According to MTUS Guidelines, it is recommended as a short course of therapy for the management of back pain. However, according to MTUS Guidelines muscle relaxants, in general, should be used with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. According to the medical record this patient has been taking Cyclobenzaprine since at least July 2014 with no long-term improvement in pain management. This medication is being prescribed for spasm, however, there is no clear documentation of muscle spasm in the patient medical record. As a central nervous system depressant the side effects of cyclobenzaprine include drowsiness, urinary retention and headaches. MTUS Guidelines do not recommend chronic use of Cyclobenzaprine. Therefore, the request is considered to be NOT medically necessary.