

<b>Case Number:</b>	CM14-0203526		
<b>Date Assigned:</b>	12/16/2014	<b>Date of Injury:</b>	09/26/2011
<b>Decision Date:</b>	02/04/2015	<b>UR Denial Date:</b>	11/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/05/2014

### 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 Internal 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:

The patient is an injured worker with a history of lumbar radiculopathy, lumbar spinal stenosis, chronic pain, L5-S1 four millimeter annular tear, hypertension, and lumbago. The pain management evaluation report dated April 14, 2014 documented a work related injury on October 21, 2003. The patient has a history of low back pain after repetitive movements, pain radiates to legs with little difficulty walking that happened on October 21, 2013 and September 26, 2011. Past medical history is remarkable for hypertension. Medications included Flexeril, Zolof, Bystolic, and Benicar. The patient reports no known drug allergies. Diagnoses were lumbar radiculopathy, lumbar spinal stenosis, chronic pain, L5-S1 four millimeter annular tear. The progress report dated September 23, 2014 documented subjective complaints of low back pain with radiation into the lower extremities. Epidural steroid injection was beneficial temporarily. Physical examination was documented. Lumbar tenderness and spasm and restricted range of motion was noted. Diagnosis was lumbago. The primary treating physician's request for authorization dated October 19, 2014 requested Fenoprofen (Nalfon) and Cyclobenzaprine (Flexeril).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cyclobenzaprine 7.5mg #120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 64.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47 and 49, Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril), Muscle relaxants Page(s): 41-42 and 63-66. Decision based on Non-MTUS Citation FDA Prescribing Information Flexeril, Cyclobenzaprine, <http://www.drugs.com/pro/flexeril.html>.

**Decision rationale:** Medical Treatment Utilization Schedule (MTUS) addresses muscle relaxants. American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) states that muscle relaxants seem no more effective than NSAIDs for treating patients with musculoskeletal problems, and using them in combination with NSAIDs has no demonstrated benefit. Muscle relaxants may hinder return to function by reducing the patient's motivation or ability to increase activity. Table 3-1 states that muscle relaxants are not recommended. Chronic Pain Medical Treatment Guidelines addresses muscle relaxants. Muscle relaxants should be used with caution as a second-line option for short-term treatment. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. According to a review in American Family Physician, muscle relaxants should not be the primary drug class of choice for musculoskeletal conditions. Chronic Pain Medical Treatment Guidelines state that Cyclobenzaprine (Flexeril) is an option for a short course of therapy. Treatment should be brief. The addition of Cyclobenzaprine to other agents is not recommended. FDA guidelines state that Cyclobenzaprine is indicated for acute musculoskeletal conditions. Cyclobenzaprine should be used only for short periods (up to two or three weeks) because adequate evidence of effectiveness for more prolonged use is not available. Medical records document that the patient's occupational injuries are chronic. MTUS, ACOEM, and FDA guidelines do not support the use of Cyclobenzaprine (Flexeril) for chronic conditions. Medical records indicate the long-term use of Flexeril, which is not supported by MTUS and FDA guidelines. The patient has been prescribed NSAIDs. Per MTUS, using muscle relaxants in combination with NSAIDs has no demonstrated benefit. The use of Flexeril is not supported. Therefore, the request for Cyclobenzaprine 7.5mg #120 is not medically necessary.