

<b>Case Number:</b>	CM15-0007661		
<b>Date Assigned:</b>	01/26/2015	<b>Date of Injury:</b>	11/10/2011
<b>Decision Date:</b>	03/17/2015	<b>UR Denial Date:</b>	12/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/13/2015

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: Texas, California  
 Certification(s)/Specialty: Family Practice

### 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 58 year old female, who sustained an industrial injury on 11/10/2011. The diagnoses have included facet arthropathy/syndrome, degeneration of lumbar disc, and low back pain. Treatments to date have included left lumbar radiofrequency ablation, intraarticular injection at L5-S1, physical therapy, home exercise program, Transcutaneous Electrical Nerve Stimulation Unit, and medications. Diagnostics to date have included lumbar spine MRI on 03/22/2012 showed mild disc bulge at L3-4 and L4-5 with facet arthropathy causing left foraminal impingement at L3-4 and bilateral facet arthropathy and ligamentum flavum hypertrophy at L3-4 and L4-5. In a progress note dated 12/18/2014, the injured worker presented with complaints of constant low back pain at 5/10 with pins and needle sensation and without associated numbness, tingling, weakness and radiation of pain and physical examination revealed normal gait and no postural abnormalities. The treating physician reported that Transcutaneous Electrical Nerve Stimulation Unit, home exercise program, physical therapy, and medications have all been helpful. The medication list include Medrox patch, Tylenol and Cyclobenzaprine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cyclobenzaprine HCL 7.5 mg #45:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxant Page(s): 64-66.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril) Page(s): Page 41-42.

**Decision rationale:** Request: Cyclobenzaprine HCL 7.5 mg #45. Cyclobenzaprine is a muscle relaxant .Regarding the use of skeletal muscle relaxant CA MTUS guidelines cited below state "Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP" they show no benefit beyond NSAIDs in pain and overall improvement. Also there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence." Cyclobenzaprine is recommended for a short course of treatment for back pain. Patient had sustained a chronic injury and any evidence of acute exacerbations in pain and muscle spasm was not specified in the records provided. In a progress note dated 12/18/2014, the injured worker had no associated numbness, tingling, weakness and radiation of pain and physical examination revealed normal gait and no postural abnormalities. Any significant functional deficits on physical examination that would require Cyclobenzaprine HCL 7.5 mg #45 was not specified in the records provided. Furthermore as per cited guideline skeletal muscle relaxants do not show benefit beyond NSAIDs in pain and overall improvement. Response to first line medications for pain like NSAIDs is not specified in the records provided Therefore it is deemed that, this patient does not meet criteria for ongoing continued use of Cyclobenzaprine HCL 7.5 mg #45. The medical necessity of Cyclobenzaprine HCL 7.5 mg #45 is not established for this patient