

<b>Case Number:</b>	CM15-0008676		
<b>Date Assigned:</b>	01/30/2015	<b>Date of Injury:</b>	01/16/2010
<b>Decision Date:</b>	03/18/2015	<b>UR Denial Date:</b>	12/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/15/2015

### 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: North Carolina  
 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 47 year old male, who sustained an industrial injury on January 16, 2010. He has reported felling a snap in the right hip joint with sharp pain radiating to the right thigh. The diagnoses have included enesopathy of the hip, cervical radiculopathy, and lumbar radiculopathy. The injured worker was status post a right hip arthroscopic debridement and chondroplasty in 2013. Treatment to date has included diagnostic studies, physical therapy, chiropractic therapy, TENS (transcutaneous electrical nerve stimulation), right hip steroid and viscosupplementation injections, work/activity modifications, and pain, non-steroidal anti-inflammatory, and muscle relaxant medications. On November 12, 2014, the treating physician noted the injured worker complained of constant, aching neck with frequent headaches; constant, aching upper back pain alongside the neck pain. He frequently has pain near the shoulder blades which radiates to the bilateral upper extremities. He has constant lower back pain with radiation to bilateral lower extremities with numbness; and constant sharp, aching right hip pain with numbness, which often causes pain in the right buttock down to his right lower extremity. The physical exam revealed cervical and lumbar paraspinal muscle spasms and tenderness to palpation, no sensory deficits in any dermatomes of the bilateral upper and lower extremities, muscle testing was normal, and reflexes were normal. There were negative cervical compression and Spurling's tests. Lumbar range of motion was restricted and bilateral sitting straight leg raise was positive. The treatment plan included physical therapy for the neck and low back, MRI of the neck, low back, thoracic spine, and right knee; and pain and muscle relaxant medications. On December 3, 2014 the treating physician noted worsened back and hip pain. The physical exam

revealed tenderness to palpation of the right greater trochanter with restricted motion. The treatment plan included an adjustment of pain medication and continuing the muscle relaxant medication. On December 18, 2014 Utilization Review modified a prescription for Cyclobenzaprine Hcl 10mg, Qty: 60 with 2 refills, noting the injured worker aha right hip pain and the guidelines recommend the use of this medication for short-term treatment of acute exacerbations of lower back pain. The California Medical Treatment Utilization Schedule (MTUS), Chronic Pain Medical Treatment Guidelines was cited.

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

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

**Cyclobenzaprine HCL 10 mg, thirty count with two refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for Pain) Section Page(s): 63.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines muscle relaxants Page(s): 63-65.

**Decision rationale:** The California chronic pain medical treatment guidelines section on muscle relaxants states: Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. (Chou, 2007) (Mens, 2005) (Van Tulder, 1998) (van Tulder, 2003) (van Tulder, 2006) (Schnitzer, 2004) (See, 2008) Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, 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. (Homik, 2004) (Chou, 2004) This medication is not intended for long-term use per the California MTUS. The medication has not been prescribed for the flare-up of chronic low back pain. This is not an approved use for the medication. For these reasons, criteria for the use of this medication have not been met. Therefore the request is not certified.