

<b>Case Number:</b>	CM15-0014908		
<b>Date Assigned:</b>	02/02/2015	<b>Date of Injury:</b>	04/13/2012
<b>Decision Date:</b>	05/27/2015	<b>UR Denial Date:</b>	01/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/26/2015

### 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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 50-year-old female, with a reported date of injury of 04/13/2012. The diagnoses include status post lumbar decompression, low back pain with lower extremity symptoms, and lumbosacral myoligamentous sprain/strain. Treatments to date have included lumbar decompression, physical therapy, oral medications, heat, cold, stretching, home exercises, transcutaneous electrical nerve stimulation (TENS) unit, an MRI of the lumbar spine, x-rays of the lumbosacral spine, and LSO brace. The follow-up consultation report dated 01/03/2015 indicates that the injured worker complained of low back pain with left lower extremity symptoms. She rated the pain 6 out of 10. It was noted that the injured worker reported that the medication decreased her pain and resulted in improved function and greater level of activity. An improved range of motion with medication was reported. The objective findings include tenderness to the lumbar spine, limited lumbar range of motion with pain, positive left straight leg raise to foot, and decreased spasm of the lumboparaspinal muscles. The treating physician requested cyclobenzaprine 7.5mg #90. It was indicated that the medication resulted in the diminishing of pain an additional 3 points average on scale of 10.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cyclobenzaprine 7.5mg #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-66.

**Decision rationale:** Per the 01/03/15 Follow-up consultation Report, the patient presents with lower back pain with left lower extremity symptoms s/p Lumbar decompression December 2013. The current request is for CYCLOBENZAPRINE 7.5mg #90 per the 12/08/14 RFA. The 01/16/15 utilization review modified this request from #90 to #45 for recommended weaning. The patient is temporarily partially disabled. MTUS guidelines page 64 states the following, "Cyclobenzaprine is recommended for a short course of therapy. Limited, mixed-evidence does not allow for a recommendation for chronic use." MTUS guidelines for muscle relaxant for pain page 63 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." MTUS does not recommend more than 2 to 3 weeks for use of the medication. The reports provided for review show the patient has been prescribed this medication on a long term basis since before 07/15/14. The treating physician states on 01/03/15 that Cyclobenzaprine decreases spasm with resultant diminution in pain an additional 3 points on a scale of 10 with increased tolerance to activity and increased range of motion. While this medication may help this patient, the MTUS guidelines do not recommend chronic use, and the patient has already been prescribed the medication longer than the recommended 2-3 weeks. In this case, the request IS NOT medically necessary.