

<b>Case Number:</b>	CM15-0111703		
<b>Date Assigned:</b>	06/18/2015	<b>Date of Injury:</b>	07/03/2009
<b>Decision Date:</b>	07/17/2015	<b>UR Denial Date:</b>	06/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/09/2015

### 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: Preventive Medicine, Occupational Medicine

### 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 56 year old male, who sustained an industrial injury on 7/3/2009. The current diagnoses are lumbar radiculopathy, lower extremity neuropathic pain, lumbar spasms, failed back surgery syndrome, status post L4-L5 fusion, lumbar stenosis, lumbar facet joint arthropathy, left L3-L4 foraminal disc protrusion compressing the left L3 nerve root, and lumbar sprain/strain. According to the progress report dated 5/14/2015, the injured worker complains of bilateral low back pain with radiation into his bilateral lower extremities associated with numbness and paresthesia. The level of pain is not rated. The physical examination of the lumbar spine reveals restricted range of motion, positive discogenic provocative maneuvers, and diminished sensation to light touch, pinprick, proprioception, and vibration in the bilateral L5 dermatomes. The current medications are Norco, Neurontin, Flexeril, and Pantoprazole. Previous urine drug screen was consistent with prescribed medications. Treatment to date has included medication management, x-rays, MRI studies, physical therapy, electro diagnostic testing, epidural block, and surgical intervention. The plan of care includes prescription for Cyclobenzaprine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cyclobenzaprine 10 mg 1 tab PO QD PRN for spasms #30 2 refills: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines muscle relaxants Page(s): 63-64.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine Section Muscle Relaxants (for pain) Section Page(s): 41, 42, 63, 64.

**Decision rationale:** Cyclobenzaprine is recommended by the MTUS Guidelines for short periods with acute exacerbations, but not for chronic or extended use. These guidelines report that the effect of cyclobenzaprine is greatest in the first four days of treatment. Cyclobenzaprine is associated with drowsiness and dizziness. The injured worker is taking cyclobenzaprine for chronic pain. There is no documentation of an acute exacerbation of pain. Chronic use of cyclobenzaprine may cause dependence, and sudden discontinuation may result in withdrawal symptoms. Discontinuation should include a tapering dose to decrease withdrawal symptoms. This request however is not for a tapering dose. The request for Cyclobenzaprine 10 mg 1 tab PO QD PRN for spasms #30 2 refills is determined to not be medically necessary.