

<b>Case Number:</b>	CM15-0115617		
<b>Date Assigned:</b>	06/24/2015	<b>Date of Injury:</b>	09/05/2014
<b>Decision Date:</b>	07/29/2015	<b>UR Denial Date:</b>	06/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/16/2015

### 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, Hawaii  
 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 42-year-old male who sustained an industrial injury on 09/05/14. His diagnoses include herniated disc right L5/S1, status post decompression with residual/recurrent herniated disc, and post laminectomy instability. Treatments to date include physical therapy and medication for pain management. In a progress note dated 05/13/15 the treating provider reports the injured worker's pain is about the same to slightly worse. The pain is severe and radiates from the low back to the right lower extremity. The muscle relaxant helps with the spasms. Physical examination showed there is positive lumbar tenderness with muscle spasms in the paraspinal musculature; lumbar spine range of motion is decreased about 30 percent. He has not been able to return to work. MRI of the lumbar spine dated 04/09/15 revealed recurrent herniated disc L5/S1 with disc space narrowing. Treatment recommendations include Cyclobenzaprine 7.5 mg to use as needed for muscle spasms and pain relief as he has found this helpful in the past in decreasing muscle spasms. Date of Utilization Review: 06/05/15.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retro: Fexmid Cyclobenzaprine 7.5mg #60 dispensed 5/13/15, per 5/13/15 order: 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 Page(s): 63-66.

**Decision rationale:** The patient presents with diagnoses that include herniated disc right L5/S1, status post decompression with residual/recurrent herniated disc and post laminectomy instability. The patient currently complains of pain that is severe and radiates from the low back to the right lower extremity. The patient has not been able to return to work. MRI of the lumbar spine dated 4/9/15 revealed recurrent herniated disc L5/S1 with disc space narrowing. The current request is for Retro: Fexmid Cyclobenzaprine 7.5mg #60 dispensed 5/13/15 order. The treating physician, in the 6/10/15 (21B) treating report under the treatment plan/refill medications section states, "Cyclobenzaprine to use PRN muscle spasms and for pain relief. The patient has found these helpful in the past in decreasing muscle spasms. MTUS Guidelines state: "Muscle relaxants (for pain): Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. The most commonly prescribed antispasmodic agents are carisoprodol, Cyclobenzaprine, metaxalone, and methocarbamol, but despite their popularity, skeletal muscle relaxants should not be the primary drug class of choice for musculoskeletal conditions. Cyclobenzaprine (Flexeril, Amrix, Fexmid", generic available): Recommended for a short course of therapy." Guidelines do not suggest use of Cyclobenzaprine for chronic use longer than 2-3 weeks. In this case, the clinical history provided documents Cyclobenzaprine has been used on a long-term basis with no discussion of a treatment plan, functional goals or reevaluation demonstrating objective evidence of functional improvement resulting from long-term use. The treating physician has even written an internal appeal letter that reiterates the shortcomings of the California Workers Compensation system and how the reviewer is not qualified to render an opinion. I can justify the amount of medication requested because it is for a 20-day period if taken as directed. If there had been a few words documenting functional efficacy, this medication could have been allowed using prevailing guidelines. However, the treating physician's lack of documentation of functional improvement prevents me from justifying the medication's use. The current request is not medically necessary per the required guidelines.