

<b>Case Number:</b>	CM15-0117430		
<b>Date Assigned:</b>	06/25/2015	<b>Date of Injury:</b>	10/17/2008
<b>Decision Date:</b>	07/24/2015	<b>UR Denial Date:</b>	05/19/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/18/2015

### 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 53 year old male with an industrial injury dated 10/17/2008. The mechanism of injury is documented as experiencing low back pain while stacking boxes. His diagnoses included lumbar radiculopathy, lumbar degenerative disc disease, lumbar herniated nucleus pulposus and lumbar facet arthropathy. Prior treatment included injections, pool therapy, lumbar spine surgery, acupuncture, epidural injections, chiropractic treatments and medications. He presents on 04/20/2015 with complaints of low back pain. He noted no significant changes to his overall condition since his last visit. He describes low back pain with radiation of numbness, tingling and cramping pain to the bilateral lower extremities extending down to the toes. He also describes a radiation of aching pain which extends between his shoulder blades. He rates the back pain as 8/10 on the pain scale. He states he had a significant flare in pain two weeks ago but it is now subsiding. Physical exam revealed severely antalgic gait assisted by a single point cane. There was tenderness and limited range of motion in the thoracic and lumbar spine. Facet loading was positive causing back pain and pain radiating down the lower extremity to the foot. His medications consisted of Norco, Flexeril, Prilosec, Gabapentin, and Ketoprofen cream, MS Contin, Naproxen and Pamelor. The provider documents the injured worker reported occasional opiate induced constipation and occasional incontinence. He notes no other side effects to his medications and notes he is tolerating his medications well. The injured worker notes the medications reduce his pain by about 50% and improves his quality of sleep. The provider documents CURES report (04/20/2015) was consistent, urinalysis report (12/18/2014) was consistent and there were no signs of misuse/abuse/divergence or addiction with the medications

prescribed. Treatment plan included updated MRI of thoracic and lumbar spine, bilateral lumbar 5-sacral 1 epidural steroid injection, medications and follow up in 4 weeks. The request is for Cyclobenzaprine (Flexeril) 7.5 mg # 60 with no refills.

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

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

**Cyclobenzaprine (Flexeril) 7.5 mg #60 no refills: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 15, 46, 64, 68, 75, 78, 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), knee and leg.

**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 medically necessary.