

<b>Case Number:</b>	CM15-0173015		
<b>Date Assigned:</b>	09/15/2015	<b>Date of Injury:</b>	01/02/2013
<b>Decision Date:</b>	10/20/2015	<b>UR Denial Date:</b>	08/19/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/02/2015

### 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, District of Columbia, Maryland  
 Certification(s)/Specialty: Anesthesiology, Pain Management

### 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 41-year-old male-female, who sustained an industrial-work injury on 1-2-13. A review of the medical records indicates that the injured worker is undergoing treatment for lumbar strain and sprain, lumbar spine discopathy and status post laminectomy. Medical records dated (1-9-15 to 7-31-15) indicate that the injured worker complains of low back pain with burning in the low back and bilateral lower extremities with stiffness, spasm and aching. The medical records also indicate worsening of the activities of daily living. Per the treating physician, report dated 7-31-15 the injured worker has not returned to work. The physical exam dated (1-9-15 to 7-31-15) reveals that the injured worker has slow antalgic gait and short stepped. He does the heel toe step with pain and weakness. There is positive sciatic stretch bilaterally. There is decreased sensation to the bilateral lower extremities. There is straight leg raise to heel-toe pain with 3 out of 5 motor powers. There is spasm to the lumbar spine to the thoracic spine with range of motion with pain on end range at 10 degrees of forward flexion, 5 degrees of extension and 5 degrees of lateral bending bilaterally. Treatment to date has included pain medication, diagnostics, Flexeril since at least 2014, surgery, back brace, and other modalities. The treating physician indicates that the urine drug test result dated 9-25-14 and 5-28-15 were consistent with the medication prescribed. The original Utilization review dated 8-19-15 non-certified a request for Flexeril 10mg as guidelines recommend use only for 2-3 weeks, therefore not medically necessary.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flexeril 10mg:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

**Decision rationale:** With regard to muscle relaxants, the MTUS CPMTG 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." Regarding Cyclobenzaprine: "Recommended for a short course of therapy. Limited, mixed-evidence does not allow for a recommendation for chronic use. Cyclobenzaprine is a skeletal muscle relaxant and a central nervous system depressant with similar effects to tricyclic antidepressants (e.g. amitriptyline). Cyclobenzaprine is more effective than placebo in the management of back pain, although the effect is modest and comes at the price of adverse effects." Per p 41 of the MTUS guidelines, the effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. Treatment is recommended for the treatment of acute spasm limited to a maximum of 2-3 weeks. UDS that evaluate for Cyclobenzaprine can provide additional data on whether the injured worker is compliant, however in this case there is no UDS testing for Cyclobenzaprine. The documentation submitted for review indicates that the injured worker has been using this medication since at least 11/2014. There is no documentation of the patients' specific functional level or percent improvement with treatment with Cyclobenzaprine. As it is recommended only for short-term use, medical necessity cannot be affirmed. This request is not medically necessary.