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| <b>Case Number:</b>   | CM15-0173067 |                              |            |
| <b>Date Assigned:</b> | 09/15/2015   | <b>Date of Injury:</b>       | 01/29/2013 |
| <b>Decision Date:</b> | 10/14/2015   | <b>UR Denial Date:</b>       | 08/06/2015 |
| <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: 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 68 year old female, who sustained an industrial injury on January 29, 2013. The injured worker was diagnosed as having herniated nucleus pulposus of the cervical spine, cervical stenosis, cervical radiculopathy, thoracic spine disc herniation, and rib cage fractures. Medical records (June 1, 2015 to July 13, 2015) indicate ongoing burning neck pain that is greater on the right than the left and is rated at a 7-8 out of 10. Associated symptoms include dropping things from her hands, increased pins and needles pain in her head and right side of the face, and ringing in the ears. The injured worker reports increased mid and low back pain, which increased from a level of 6 out of 10 to 8-9 out of 10. Records also indicate: worsening of her activities of daily living. Associated symptoms include increased mid back pain with sweeping, mopping, or bending while working in her garden; pins and needles pain radiating down the left lateral leg, and left foot numbness especially with changing from sitting to standing. The physical exam (June 1, 2015 to July 13, 2015) reveals tenderness to palpation of the bilateral paraspinal regions of the cervical and thoracic spine, decreasing cervical range of motion, muscle strength of 5 out of 5 and hyper reflexic reflexes of the upper extremities, and positive bilateral Hoffman's. Surgeries to date include a cervical fusion in 1995. Treatment has included at least 12 sessions of physical therapy with moderate relief during the sessions and increased range of motion of the neck and low back, work and activity modifications, 3 sessions of acupuncture with moderate relief, ice, heat, stretching, home exercise, transcutaneous electrical nerve stimulation (TENS) , a lumbar-sacral orthosis (LSO), and medications including pain, proton pump inhibitor, muscle relaxant (Flexeril since at least March 2015), and non-steroidal anti-inflammatory. Per the treating physician (July 13, 2015 report), the injured worker is working moderate duty. The requested treatments included Cyclobenzaprine 7.5mg.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Cyclobenzaprine 7.5mg #60:** 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:** 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.