

<b>Case Number:</b>	CM15-0069672		
<b>Date Assigned:</b>	04/17/2015	<b>Date of Injury:</b>	08/28/2009
<b>Decision Date:</b>	05/21/2015	<b>UR Denial Date:</b>	03/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/13/2015

### 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: 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 51-year-old male, with a reported date of injury of 08/28/2009. The diagnoses include right wrist tendinitis, right lateral epicondylitis, failed back syndrome, lumbar herniation, residual right foot drop with radiculopathy and intractable pain, and chronic low back pain. Treatments to date have included oral medications, and lumbar spine surgery. The initial evaluation report dated 02/04/2015 indicates that the injured worker complained of low back pain. The objective findings include positive right straight leg raise test, painful lumbar range of motion, sensory abnormalities along the L5 and S1 dermatomes, dorsiflexion ability in the right foot, non-functional tibialis anterior, and absent extensor hallucis longus dorsiflexion. The treating physician requested Cyclobenzaprine 7.5mg #20.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cyclobenzaprine 7.5mg #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain). Decision based on Non-MTUS Citation Official Disability Guidelines Treatment in Workers' Compensation Pain Procedure Summary.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-66.

**Decision rationale:** The patient was injured on 08/28/09 and presents with low back pain with right leg radiculopathy, as well as foot drop syndrome. The request is for CYCLOBENZAPRINE 7.5 MG QUANTITY 90 to help treat the spasms in the lumbosacral region. There is no RFA provided and the patient is permanent and stationary. MTUS Guidelines page 63 66 states muscle relaxants (for pain): Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbation 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): Recommend for a short course of therapy. The patient has a straight leg raise which brings pain at 30 degrees on the right side and at 45 degrees on the left side of flexion. He has sensory abnormalities that follow in the L5 and S1 dermatomes, specifically on the right side. It appears that the initial request for 90 tablets of Cyclobenzaprine is on 03/04/15 to help treat the spasms in the lumbosacral region. MTUS Guidelines do not recommended use of Cyclobenzaprine for longer than 2 to 3 weeks. In this case, the treater is requesting for 90 tablets of Cyclobenzaprine and it is unknown if this is for short-term use. Therefore, the requested Cyclobenzaprine IS NOT medically necessary.