

<b>Case Number:</b>	CM15-0069783		
<b>Date Assigned:</b>	04/17/2015	<b>Date of Injury:</b>	06/10/2009
<b>Decision Date:</b>	05/22/2015	<b>UR Denial Date:</b>	04/08/2015
<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 65-year-old male, who sustained an industrial injury on 6/10/2009. The mechanism of injury is unknown. The injured worker was diagnosed as having herniated lumbar disc, lumbar radiculopathy, bilateral lumbar spondylosis, thoracic sprain/strain, cervical sprain/strain, right sacroilitis, bilateral shoulder impingement/bursitis and bilateral carpal tunnel syndrome. There is no record of a recent diagnostic study. Treatment to date has included epidural steroid injection, nose surgery, physical therapy, occipital nerve block, chiropractic care, and medication management. In a progress note dated 2/17/2015, the injured worker complains of low back and neck pain. The treating physician is requesting Cyclobenzaprine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cyclobenzaprine 7.5mg, #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxant (for pain).

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

**Decision rationale:** The patient presents on 03/31/15 with lower back and neck pain rated 8/10 and associated insomnia secondary to pain. The patient's date of injury is 06/10/09. Patient is status post steroid injections to the right shoulder on 11/12/13 and 07/12/13, and status post occipital nerve block at a date unspecified. The request is for CYCLOBENZAPRINE 7.5MG #30. The RFA is dated 02/17/15. Physical examination dated 03/31/15 reveals tenderness to palpation of the right (greater than left) lumbar facet regions, pain with lumbar facet loading bilaterally, positive FABER test on the right, positive Gaenslen's test on the right, and positive compression distraction in the right SI joint. Neurological examination reveals decreased sensation to the C5 and C6 dermatomes on the right, decreased sensation in the left L4/L5/S1 dermatomes on the left. Provider also notes decreased and painful range of motion in the cervical and lumbar spine. The patient is currently prescribed Pamelor, Flexeril, and an unspecified anti-hypertensive medication from a different provider. Diagnostic imaging was not included, though progress note dated 03/31/15 references lumbar MRI dated 01/27/13 with findings of: "8mm spondylolisthesis of L5 and S1 associated with 5mm bilateral interforaminal L5-S1 disc herniation causing moderate-to-severe bilateral L5-S1 neural foraminal stenosis, with elevation, compression, distortion, and disfigurement of the L5 nerve roots." Patient is currently classified as permanent and stationary, is advised to remain off work if employer cannot accommodate work restrictions. MTUS Chronic Pain Medical Treatment Guidelines, page 63-66 states: "Muscle relaxants: 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." In regard to the request for the continuation of Cyclobenzaprine, the requesting provider has specified an excessive duration of therapy. This patient has been taking Cyclobenzaprine since at least 10/13/14, with documented efficacy. MTUS guidelines indicate that muscle relaxants such as Cyclobenzaprine are considered appropriate for acute lower back pain. However, they do not recommend use of Cyclobenzaprine for longer than 2 to 3 weeks. The requested 30 tablets in addition to utilization since at least 10/13/14 do not imply the intent to use this medication short-term. Therefore, the request IS NOT medically necessary.