

<b>Case Number:</b>	CM15-0069787		
<b>Date Assigned:</b>	04/17/2015	<b>Date of Injury:</b>	06/10/2009
<b>Decision Date:</b>	06/11/2015	<b>UR Denial Date:</b>	04/06/2015
<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 Relaxants.

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

**Decision rationale:** The patient presents with low back pain radiating to lower extremities and neck pain radiating to upper extremities rated at 8/10. The request is for CYCLOBENZAPRINE 7.5MG #30. The request for authorization is dated 02/17/15. The patient is status-post nose surgery, 09/09/14. MRI of the lumbar spine, 01/27/13, shows 8mm spondylolisthesis of L5 and S1 associated with 5mm bilateral intraforaminal L5-S1 disc herniation and disc space narrowing. CT scan of the facial structures, 06/11/14, shows nasal septal deviation with ethmoid sinus partial pacification, rightward nasa septal deviation and occlusion of the right osteomeatal complex. Physical examination reveals range of motion is decreased in cervical and lumbar spines and limited by pain. He states that he received an occipital nerve block for his headaches from his neurologist. Patient has had 16 visits of chiropractic and 18 visits of acupuncture treatments with minimal temporary relief. He says he continues with a home exercise program but his activity level continues to be limited by pain. He says that the medications decrease his pain by about 50% temporarily. He says the medications allow him to increase his walking distance by at least 30 minutes. Patient's medications include Pamelor, Flexeril and Prilosec. The patient's work status is not provided. MTUS pg 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): Recommended for a short course of therapy." Per progress report dated, 02/17/15, treater's reason for the request is "to be taken up to one time a day as needed for severe spasms." However, MTUS only recommends short-term use (no more than 2-3 weeks) for sedating muscle relaxants. The patient is prescribed Flexeril since at least 10/13/14. The request for additional Flexeril #30 would exceed MTUS recommendation and does not indicate intended short-term use. Therefore, the request IS NOT medically necessary.