

<b>Case Number:</b>	CM15-0075958		
<b>Date Assigned:</b>	04/27/2015	<b>Date of Injury:</b>	06/06/2009
<b>Decision Date:</b>	06/11/2015	<b>UR Denial Date:</b>	04/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/22/2015

### 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: Preventive Medicine, Occupational Medicine

### 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 60 year old female who sustained a work related injury June 6, 2009. While working as a nurse and lifting a patient, she developed low back pain. She was treated with medication, corset-type brace, TENS unit, physical therapy, and chiropractic treatments. Past history included diabetes, hypothyroidism, asthma, and fractured 5th proximal phalanx. According to an orthopedic qualified medical report, dated December 29, 2014, the injured worker complains of chronic low back pain and left hip pain. She has been treated by chiropractor with decompression treatments and a Boston back brace and occasionally taking medication for pain. As of August, 2014, she returned to full time work and occasionally seeing a chiropractor. The physician noted an MRI, dated 2/10/2014 impression of spondylosis, progressive narrowing and desiccation at L1-2 where there is a new small central subligamentous extrusion with cephalad migration. There are no other current progress notes present in the medical record. At issue, is the request for Cyclobenzaprine Hydrochloride and Meloxicam.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cyclobenzaprine Hydrochloride 10mg #90: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine section, Muscle Relaxants (for pain) section Page(s): 41, 42, 63, 64.

**Decision rationale:** Cyclobenzaprine is recommended by the MTUS Guidelines for short periods with acute exacerbations, but not for chronic or extended use. These guidelines report that the effect of cyclobenzaprine is greatest in the first four days of treatment. Cyclobenzaprine is associated with a number needed to treat of three at two weeks for symptoms improvement in low back pain and is associated with drowsiness and dizziness. This injured worker's pain is chronic in nature and not due to an acute exacerbation of her injury. Chronic use of cyclobenzaprine may cause dependence, and sudden discontinuation may result in withdrawal symptoms. Discontinuation should include a tapering dose to decrease withdrawal symptoms. This request however is not for a tapering dose. The request for Cyclobenzaprine Hydrochloride 10mg #90 is determined to not be medically necessary.

**Meloxicam 15 mg #30:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs section Page(s): 66-67.

**Decision rationale:** The use of NSAIDs are recommended by the MTUS Guidelines with precautions. NSAIDs are recommended to be used secondary to acetaminophen, and at the lowest dose possible for the shortest period in the treatment of acute pain or acute exacerbation of chronic pain as there are risks associated with NSAIDs and the use of NSAIDs may inhibit the healing process. Meloxicam is specifically not indicated for chronic pain. The injured worker has used meloxicam previously, and the efficacy is not reported in terms of pain reduction or objective functional improvement. The request for meloxicam 15 mg #30 is considered to not be medically necessary.