

<b>Case Number:</b>	CM15-0078224		
<b>Date Assigned:</b>	04/29/2015	<b>Date of Injury:</b>	12/15/2011
<b>Decision Date:</b>	06/01/2015	<b>UR Denial Date:</b>	03/31/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/23/2015

### 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:

This 43 year old man sustained an industrial injury on 12/15/2011. The mechanism of injury is not detailed. Diagnoses include thoracic or lumbar radiculitis or neuritis, lumbar spine sprain/strain, and skin sensation disturbance. Treatment has included oral medications. Physician notes dated 3/3/2015 show complaints of low back pain rated 6/10. Recommendations include Fenoprofen, Norco, ice, heat, exercise, transforaminal epidural steroid injection, and follow up in four weeks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cyclobenzaprine 7.5mg:** 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 (for pain) Page(s): 63-66.

**Decision rationale:** The 44 year old patient presents with moderate to severe lower back pain, rated at 6/10, along with sleep disturbances, as per progress report dated 03/03/15. The request is

for CYCLOBENZAPRINE 7.5 mg. There is no RFA for this case, and the patient's date of injury is 12/15/11. Diagnoses, as per progress report dated 03/03/15, included thoracic or lumbosacral neuritis or radiculitis, lumbar spine sprain/strain, and skin sensation disturbance. Current medications included Cyclobenzaprine, Fenoprofen, Omeprazole and Norco. The patient is working full time, as per the same progress report. 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." In this case, the use of cyclobenzaprine is first noted in progress report dated 10/31/14, and the patient has been taking the medication consistently at least since then. In progress report dated 12/31/14, the treater states that "No Cyclobenzaprine showed up in the patient's last toxicology screen but the patient states he only takes this as needed and before today the last refill was in August." MTUS, however, recommends only short-term use of cyclobenzaprine. Hence, the medication IS NOT medically necessary.