

<b>Case Number:</b>	CM15-0093347		
<b>Date Assigned:</b>	05/19/2015	<b>Date of Injury:</b>	06/13/2005
<b>Decision Date:</b>	06/19/2015	<b>UR Denial Date:</b>	05/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/14/2015

### 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: North Carolina  
 Certification(s)/Specialty: Family Practice

### 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 69-year-old male patient who sustained an industrial injury on 06/13/2005. A primary treating office visit dated 04/03/2013 reported the patient with subjective complaint of continuing with low back pain, stiffness. Objective findings showed the lumbar spine with decreased range of motion and decreased sensation right at L4-5. The treating diagnosis was status post lumbar laminectomy with chronic pain. He was taking Norco 10/325mg, and Flexeril. On 08/07/2013 he underwent a magnetic resonance imaging scan of lumbar spine that revealed post-surgical changes in the lower lumbar spine with pedicle screws at L3, L4, and L5; L3-4 no evidence of central canal stenosis; L4-5 minimal posterior disc protrusion without impingement, and L5-S1 lateral disc-osteophyte spurring narrowing the inferior aspects of the neural foramina, greater on the right. On 08/23/2013 the patient underwent selective nerve root block on the right. A follow up visit dated 02/05/2014 reported the lumbar spine range of motion is approximately 50% of normal in flexion and extension due to increased pain. Strength is diminished in the right quadriceps and hamstrings. A seated straight leg raise is found positive on the right. A more recent visit dated 04/24/2015 reported chief complaint of low back pain. Current medications are: Norco 5/325mg, Flexeril, and Tramadol he receives from another provider. The plan of care noted the patient continuing with conservative treatment to include: home exercise program, moist heat, and stretches.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cyclobenzaprine 10mg #90:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines muscle relaxants Page(s): 63-65.

**Decision rationale:** The California chronic pain medical treatment guidelines section on muscle relaxants states: Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. (Chou, 2007) (Mens, 2005) (Van Tulder, 1998) (van Tulder, 2003) (van Tulder, 2006) (Schnitzer, 2004) (See, 2008) Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement. In addition, there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. (Homik, 2004) (Chou, 2004) This medication is not intended for long-term use per the California MTUS. The medication has not been prescribed for the flare-up of chronic low back pain. This is not an approved use for the medication. For these reasons, criteria for the use of this medication have not been met. Therefore, the request is not certified.