

<b>Case Number:</b>	CM15-0094205		
<b>Date Assigned:</b>	05/20/2015	<b>Date of Injury:</b>	03/15/2004
<b>Decision Date:</b>	06/30/2015	<b>UR Denial Date:</b>	04/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/15/2015

### 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, Hawaii

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 64 year old female, who sustained an industrial injury on 03/15/2004 that involved a vehicle accident. She sustained injury to the neck and back. Treatment to date has included medications, physical therapy, acupuncture, epidural steroid injections and TENS unit. According to a progress report dated 04/13/2015, pain continued to reduce. She noted 50 percent pain relief overall. Low back pain and neck pain was rated 2 on a scale of 1-10. She was still having difficulties with raising up her left upper extremity above her head. She had completed 3 out of 6 sessions of acupuncture with significant improvement. She was able to increase her activities. She was able to go to baseball games with her grandson and was helping out with babysitting. She was also able to increase her walking on a daily basis. She continued to use Cymbalta, Cyclobenzaprine and Anaprox. Impression was noted as cervical and lumbar spine radiculopathy, C5-C6 disc disease with C6 radiculopathy and C6-C7 disc disease with C7 foraminal narrowing and radiculopathy, L2-L3 right foraminal protrusion with foraminal narrowing, L3-L4 central protrusion with facet changes, mild central canal stenosis at L4-L5 and disc protrusion with facet changes and mild central stenosis, chronic pain, panic disorder, reactive depression, obesity and chronic renal insufficiency. Treatment plan included continuance of acupuncture and home exercise program and consideration of formal physical therapy for the left shoulder. She continued to use her current medications Naproxen, Cyclobenzaprine and Cymbalta. She did not need any refills. Currently under review is the request for 1 prescription of Cyclobenzaprine.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **1 prescription of Cyclobenzaprine 7.5mg #30: Overturned**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antispasmodics: Cyclobenzaprine Page(s): 64.

**Decision rationale:** The patient presents with improving low back pain that radiates down bilateral lower extremities and the left shoulder. The current request is for 1 prescription of Cyclobenzaprine 7.5mg #30. The treating physician states on 5/19/15 (194B) "We have discussed weaning off the Cyclobenzaprine." MTUS guidelines regarding Cyclobenzaprine state, "Recommended for a short course of therapy. Limited, mixed-evidence does not allow for a recommendation for chronic use. Cyclobenzaprine is more effective than placebo in the management of back pain, although the effect is modest and comes at the price of adverse effects. It has a central mechanism of action, but it is not effective in treating spasticity from cerebral palsy or spinal cord disease. Cyclobenzaprine is associated with a number needed to treat of 3 at 2 weeks for symptom improvement. The greatest effect appears to be in the first 4 days of treatment." In this case, Cyclobenzaprine is prescribed BID as needed, quantity 30. If taken continuously at the frequency prescribed will result in a duration of 2 weeks. This is within the guidelines of 2 weeks. Recommendation is for authorization. Therefore, the requested treatment is medically necessary.