

<b>Case Number:</b>	CM14-0148539		
<b>Date Assigned:</b>	09/18/2014	<b>Date of Injury:</b>	03/23/1989
<b>Decision Date:</b>	10/22/2014	<b>UR Denial Date:</b>	09/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/12/2014

### 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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 76-year-old male who reported a date of injury of 03/23/1989. The mechanism of injury was not indicated. The injured worker had diagnoses of arthropathy in lumbar facet joint, displacement of lumbar intervertebral disc without myelopathy, degeneration of lumbar intervertebral disc, lumbar postlaminectomy syndrome and, chronic pain syndrome. Prior treatments included physical therapy. Diagnostic studies were not indicated within the medical records provided. Surgeries included lumbar laminectomy on 05/01/2013. The injured worker had complaints of low back and bilateral hip pain. The clinical note dated 08/19/2014 noted the injured worker had an antalgic gait, ambulated with a cane, and a forward flexed body posture. Medications included Cyclobenzaprine, Gabapentin, and Oxycodone. The treatment plan included Cyclobenzaprine, Oxycodone, and the physician's recommendation for physical therapy and for the injured worker to follow-up in 4 weeks. The rationale was not indicated within the medical records provided. The Request for Authorization form was received on 08/25/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cyclobenzaprine 10mg Tablets:** 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): 63-64.

**Decision rationale:** The request for Cyclobenzaprine 10mg tablets is not medically necessary. The injured worker had complaints of low back and bilateral hip pain. The California MTUS Guidelines recommend non-sedating muscle relaxants with caution as a second line option for short term treatment of acute exacerbations in patients with chronic low back pain. Most low back pain cases, muscle relaxants show no benefit beyond NSAIDs in pain and overall improvement. Also, 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. They are used to decrease muscle spasm in conditions such as low back pain. They are recommended for a short course of therapy. Limited, mixed evidence does not allow for their recommendation for chronic use. This medication is not recommended to be used for longer than 2 to 3 weeks. The guidelines indicate short term use of Cyclobenzaprine for no longer than 2 to 3 weeks; however, it is noted the injured worker was previously prescribed cyclobenzaprine of an unknown date from a different physician. With an unknown date of previously prescribed cyclobenzaprine, a determination cannot be made to justify extended use. Furthermore, Cyclobenzaprine is a skeletal muscle relaxant; however, there is a lack of documentation the injured worker had muscle spasms upon examination to indicate the use of a skeletal muscle relaxant. Additionally, the request as submitted did not specify a frequency of the medication's use. As such, the request is not medically necessary.