

<b>Case Number:</b>	CM14-0153551		
<b>Date Assigned:</b>	09/23/2014	<b>Date of Injury:</b>	09/11/2012
<b>Decision Date:</b>	11/07/2014	<b>UR Denial Date:</b>	09/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/19/2014

### 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 Occupational Medicine 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 patient is a 51-year-old female who has submitted a claim for chronic pain associated with an industrial injury date of 9/11/2012. Medical records from January 2014 to September 2014 were reviewed. The patient complained of low back pain. The injury occurred in the course of her usual work duties. She noted that it was radiating down to the right lower extremity. The pain was 3/10 without medications and 1/10 with medications. There was also noted occasional tingling in the right lower extremity to the level of the foot. Pain was aggravated by activity, walking and bending. Physical examination revealed tenderness over the L4-S1 paravertebral levels. Range of motion was decreased. Straight leg raising was positive on radicular pain at 70 degrees. Gait was antalgic and slow. Magnetic Resonance Imaging (MRI) without contrast, dated 01/08/14, revealed mild to moderate degenerative disease at L3-L4 and L4-L5. Treatment to date has included Cyclobenzaprine (since January 2014), Hydrocodone, Gabapentin, Norco, pool therapy, physical therapy, and home exercise program. Utilization review from September 8, 2014, denied the request for Cyclobenzaprine 5mg. There was no documentation of spasm relief with the use of the medication. Guidelines do not recommend muscle relaxants as any more effective than NSAIDs alone.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cyclobenzaprine 5 mg:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
Page(s): 63 - 66.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
Cyclobenzaprine Page(s): 41-42.

**Decision rationale:** According to page 41-42 of the California MTUS Chronic Pain Medical Treatment Guidelines, sedating muscle relaxants are recommended with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better and treatment should be brief. In this case, the patient was prescribed Cyclobenzaprine 5 mg (quantity not specified) since January 2014. However, there was no documentation of functional outcome with Cyclobenzaprine use. Moreover, the long-term use of cyclobenzaprine is not in conjunction with guidelines recommendation. The present request as submitted also failed to provide the quantity and number of refills. Therefore, the request for Cyclobenzaprine 5mg is not medically necessary.