

<b>Case Number:</b>	CM13-0025209		
<b>Date Assigned:</b>	11/20/2013	<b>Date of Injury:</b>	08/09/2003
<b>Decision Date:</b>	01/03/2014	<b>UR Denial Date:</b>	09/10/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/18/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician 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 physician 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.

### 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 applicant is a represented an [REDACTED] employee who has filed a claim for chronic low back pain, post laminectomy syndrome, and chronic pain syndrome reportedly associated with an industrial injury of August 9, 2003. Thus far, the applicant has been treated with the following: Analgesic medications; apparent diagnosis with fibromyalgia versus failed back syndrome; muscle relaxants; long and short acting opioids; electrodiagnostic testing of July 18, 2013, negative for any electrodiagnostic evidence of a lumbar radiculopathy; and attorney representation. In a utilization review report of September 10, 2013, the claims administrator denied a request for cyclobenzaprine or Flexeril. The applicant's attorney later appealed on September 16, 2013. An earlier note of August 13, 2013 is notable for comments that the applicant reports persistent low back pain, apparently ameliorated as a result of Topamax usage. The applicant's medication list includes Dilaudid, Dendracin, Ambien, Duragesic, Flexeril, Norco, Prilosec, and Senna. The applicant receives numerous medication refills, including 120 tablets of Soma. The applicant is apparently permanent and stationary and does not appear to have returned to work.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flexeril 10mg:** Upheld

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

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

**Decision rationale:** As noted on page 41 of the MTUS Chronic Pain Medical Treatment Guidelines, addition of cyclobenzaprine or Flexeril to other agents is not recommended. In this case, the applicant is using numerous other opioid and non-opioid analgesic and adjuvant medications, including Duragesic, Norco, Ambien, etc. Adding cyclobenzaprine or Flexeril to the mix is not indicated, particularly as page 41 of the MTUS Chronic Pain Medical Treatment Guidelines suggests that overall treatment duration with cyclobenzaprine should be brief and limited to a short course of therapy. There is little or no support for the 120-tablet four-times-a-day schedule being proposed by the attending provider. Therefore, the original utilization review decision is upheld. The request for Flexeril 10mg is not medically necessary and appropriate.