

<b>Case Number:</b>	CM13-0056810		
<b>Date Assigned:</b>	02/28/2014	<b>Date of Injury:</b>	04/13/2001
<b>Decision Date:</b>	05/05/2014	<b>UR Denial Date:</b>	10/17/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/22/2013

### 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 Family Practice and is licensed to practice in Texas. 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:

This is a 33-year-old female with a work-related injury reported on 04/13/2001. The mechanism of injury was not provided; however, the injured worker is reported to have had ongoing severe low back and mid back pain. The injured worker is status post lumbar fusion and is diagnosed with failed back surgery syndrome. The injured worker reportedly has had a spinal cord stimulator trial, which was not helpful, as well as trials of opiates, which reportedly caused side effects to include constipation addressed with Peri-Colace. Medications listed are cyclobenzaprine 10 mg 2 tablets daily, zolpidem 10 mg 2 tabs at bedtime, alprazolam 0.25 mg 1 tab daily, hydrocodone 10/325 mg 1 tab 4 times a day, Motrin 800 mg 2 tabs daily with food, and Peri-Colace 8.6 mg 2 tabs daily. The injured worker reports medications continue to provide functional gains in assisting with activities of daily living, mobility, and restorative sleep contributing to her quality of life. Treatment plan was to request medication refill. Indications, instructions, and side effects of the medications were discussed with the injured worker who acknowledged and was agreeable on 11/01/2013.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**A REFILL OF CYCLOBENZAPRINE 10MG #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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

**Decision rationale:** The CA MTUS Guidelines recommend Cyclobenzaprine for a short course of therapy. Effectiveness is greatest in the first 4 days of treatment and the addition of Cyclobenzaprine to other agents is not recommended. Also, symptom improvement in low back pain is indicated. The request for A REFILL OF CYCLOBENZAPRINE 10MG #60 is non-certified. The documentation received for review indicates functional gains; however the Guidelines recommend the medication for a short course of therapy and not long-term use. Also, the request as submitted failed to provide the frequency at which the prescription is to be taken to determine necessity as well as duration of use. Due to long-term use, the request is non-certified.