

<b>Case Number:</b>	CM14-0038870		
<b>Date Assigned:</b>	06/27/2014	<b>Date of Injury:</b>	01/13/2011
<b>Decision Date:</b>	08/15/2014	<b>UR Denial Date:</b>	03/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/02/2014

### 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 Anesthesiology, has a subspecialty in Pain 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 injured worker is a 58 year old female who reported an injury regarding her right upper extremity. The clinical note dated 06/03/14 indicates the injured worker complaining of triggering at the right ring finger. The note indicates the injured worker having a 2 week history of symptoms. The injured worker also reported neck pain with radiating pain into both upper extremities. The injured worker also reported pain with the right ankle and knee. The note indicates the injured worker stating the initial injury occurred from a work related fall resulting in cervical, lumbar, and right shoulder pain. The clinical note dated 04/09/14 indicates the injured worker continuing with 8/10 pain in the low back. The injured worker reported she was unable to bend forward. The injured worker described a pulling sensation into the gluteal region. Tenderness was identified upon palpation at the L4-5 and L5-S1 facets. Range of motion limitations were identified in all fields. Decreased sensation was identified in the L5 distribution. The note indicates the injured worker utilizing Naprosyn and cyclobenzaprine for Pain Relief.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cyclobenzaprine 10mg #60:** Upheld

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

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

**Decision rationale:** Cyclobenzaprine is recommended as a second-line option for short-term (less than two weeks) treatment of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain. Studies have shown that the efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. Based on the clinical documentation, the patient has exceeded the 2-4 week window for acute management also indicating a lack of efficacy if being utilized for chronic flare-ups. Additionally, there is no subsequent documentation regarding the benefits associated with the use of cyclobenzaprine following initiation. As such, the medical necessity cannot be established at this time.