

<b>Case Number:</b>	CM14-0094125		
<b>Date Assigned:</b>	07/25/2014	<b>Date of Injury:</b>	12/19/1994
<b>Decision Date:</b>	09/19/2014	<b>UR Denial Date:</b>	05/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/20/2014

### 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 Florida. 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 61-year-old male who reported an injury on 12/19/1994 due to an unknown mechanism. Diagnoses were chronic thoracic pain, chronic low back pain, and sleep apnea. Past treatments were not reported. Diagnostic studies were x-rays of the thoracic spine. Surgical history was 3 left shoulder surgeries, 1 right shoulder surgery, and a thoracic spinal fusion. The injured worker had a physical examination on 07/16/2014 with complaints of constant and aching thoracic spine pain. The pain was reported as quite disruptive to his quality of life and overall functional status. The examination revealed thoracic and lumbar spinal segments were normal. Strength testing was measured at a 5/5. The injured worker was able to go from a seated to a standing position without difficulty. The gait was for the most part unremarkable. Medications were OxyContin 60 mg 3 times a day and oxycodone 30 mg a day up to 3 a day. The treatment plan was to continue medications as directed. The rationale was not submitted. The Request for Authorization was submitted for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 prescription for Cyclobenzaprine 10mg.:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
Cyclobenzaprine Page(s): 41, 64.

**Decision rationale:** The California Medical Treatment Utilization Schedule states that cyclobenzaprine (Flexeril) is recommended for a short course of therapy. Flexeril is more effective than placebo in the management of back pain; however, the effect is modest and comes at the price of greater adverse effects. The effect is greatest in the first 4 days of treatment, suggesting that shorter course may be better. This medication is not recommended to be used for longer than 2 weeks to 3 weeks. The efficacy of this medication was not reported. Also, the quantity was not indicated on the request. Therefore, the request is not medically necessary.