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| <b>Case Number:</b>   | CM13-0028840 |                              |            |
| <b>Date Assigned:</b> | 11/27/2013   | <b>Date of Injury:</b>       | 08/14/1995 |
| <b>Decision Date:</b> | 04/16/2015   | <b>UR Denial Date:</b>       | 09/12/2013 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 09/23/2013 |

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Texas, New York, California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 66-year-old who has filed a claim for chronic low back pain reportedly associated with an industrial injury of August 14, 1995. Thus far, the applicant has been treated with the following: Analgesic medications; earlier lumbar laminectomy surgery; spinal cord stimulator; opioid therapy; and unspecified amounts of physical therapy. In a Utilization Review Report dated September 12, 2013, the claims administrator failed to approve a request for cyclobenzaprine. The applicant's attorney subsequently appealed. On August 29, 2013, the applicant reported ongoing complaints of low back pain, 7/10. The applicant's medications included Cymbalta, Flexeril, Neurontin, Percocet, Kadian, Silenor, Keflex, metformin, hydrochlorothiazide, Arimidex, trimethadione, methotrexate, Lopressor, and Zestoretic. Cymbalta, Flexeril, Neurontin, Percocet, Kadian, and Silenor were ultimately renewed. The applicant was not working with permanent limitations in place, it was acknowledged. The attending provider stated that the applicant could use cyclobenzaprine up to four times a day.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flexeril 10mg #120 (30-day supply, for lumbar spasms): Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** As noted on page 41 of the MTUS Chronic Pain Medical Treatment Guidelines, the addition of cyclobenzaprine or Flexeril to other agents is not recommended. Here, the applicant was, in fact, using a variety of other agents, including Neurontin, Percocet, Kadian, Silenor, Cymbalta, etc. Adding cyclobenzaprine or Flexeril to the mix is not recommended. The 125-tablet supply of cyclobenzaprine at issue, furthermore, represents treatment well in excess of the "short course of therapy" for which cyclobenzaprine is recommended, per page 41 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request was not medically necessary.