

Case Number:	CM14-0202398		
Date Assigned:	12/31/2014	Date of Injury:	10/02/2012
Decision Date:	02/13/2015	UR Denial Date:	11/24/2014
Priority:	Standard	Application Received:	12/03/2014

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 Family Practice, 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:

38 yr. old male claimant sustained a work injury in October 2, 2012 involving the lower extremities. He had chronic headaches and depression. He was diagnosed with chronic pain and fibromyalgia. He had undergone physical and chiropractor therapy. A progress note on 11/4/14 indicated the claimant had soft tissue tenderness in the left calf. His pain level was 7/10. He had been on Hydrocodone for pain and Flexeril for spasms. He had been on Flexeril for several months with unchanged symptoms.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 5mg #30: 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): 63.

Decision rationale: Cyclobenzaprine (Flexeril) is more effective than placebo for back pain. It is recommended for short course therapy and has the greatest benefit in the first 4 days suggesting that shorter courses may be better. Those with fibromyalgia were 3 times more likely to report overall improvement, particularly sleep. However in Low back pain they show no benefit over

NSAIDS in pain and overall improvement. The efficacy diminishes over time and there is risk of dependency. The claimant had been on Cyclobenzaprine for several months in combination with topical analgesics and opioids. There was insignificant change in symptoms and function. Continued use is not medically necessary.