

<b>Case Number:</b>	CM14-0202506		
<b>Date Assigned:</b>	12/15/2014	<b>Date of Injury:</b>	10/24/2006
<b>Decision Date:</b>	03/06/2015	<b>UR Denial Date:</b>	11/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	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. 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: California, Arizona

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 55 year old female who was walking out of her office and stumbled off the edge of the disabled ramp and fell to the ground. Her diagnoses included chronic pain of multiple joints, depression, knee joint replacement and osteoarthritis, involving lower leg. Previous treatment included medication and surgery. Per the physician's note dated 11/20/2014, the injured worker presented for knee pain equally on both sides. She was 9 months status post right total knee replacement and activities were compromised. Physical examination revealed normal gait and alignment, without swelling but with mild tenderness. The Utilization Review dated 11/5/14 non-certified Cyclobenzaprine HCL 10mg #30. Per the UR, the notes show the injured worker has been using Flexeril for over one year and that per MTUS guidelines, long term use of this class of medications is not supported. The treatment plan included a pharmacy purchase of Cyclobenzaprine HCL 10mg #30. A rationale was not provided. A Request for Authorization was not submitted.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Pharmacy purchase of Cyclobenzaprine HCL 10mg #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-66.

**Decision rationale:** The request for pharmacy purchase of cyclobenzaprine HCL 10 mg #30 is not medically necessary. The California MTUS Guidelines, state that a recommendation of non-sedating muscle relaxants with caution as a second line option for short term treatment of acute exacerbation in patients with chronic low back pain. More specifically, cyclobenzaprine is recommended for a short course of therapy as there is limited and mixed evidence does not allow for recommendation for chronic use. The injured worker was indicated to have been on cyclobenzaprine for an unspecified duration of time. However, there was a lack of documentation to indicate the injured worker had an acute exacerbation of chronic low back pain. In addition, the guidelines recommend the use of cyclobenzaprine as a short course of therapy and does not allow for chronic use. Based on the above, the request is not supported by the evidence based guidelines. As such, the request is not medically necessary.