

<b>Case Number:</b>	CM14-0204033		
<b>Date Assigned:</b>	12/16/2014	<b>Date of Injury:</b>	09/08/2008
<b>Decision Date:</b>	02/06/2015	<b>UR Denial Date:</b>	11/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/05/2014

### 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 Physical Medicine Rehab, 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:

This 51 year old individual reportedly sustained a work related injury on September 8, 2008 resulting in a back injury due to moving a heavy object. Diagnoses include cervical and lumbar spine herniated disc, knee arthritis, hypertension, and anxiety. Magnetic resonance imaging (MRI) of cervical and lumbar spine impression is for multiple herniated discs and of the right knee revealed meniscus tear and arthritis. Electromyogram and nerve conduction study notes cervical radiculopathy and carpal tunnel pathology. The injured worker has utilized physical therapy, chiropractic, epidural steroid injection and medications. Physical exam dated October 3, 2014 notes pain level 6/10 and decreased range of motion (ROM) of spine and right knee. Chiropractic visit dated October 22, 2014 notes cervical stiffness radiating to arms with numbness, lumbar pain radiating down legs and right knee popping and clicking with crepitus. Primary treating physician visit dated November 17, 2014 provides for chiropractic therapy 3 X 4, acupuncture weekly and to remain off work. On November 25, 2014 utilization review modified a request dated November 17, 2014 for Cyclobenzaprine 150mg #30. Medical Treatment Utilization Schedule (MTUS) chronic pain guidelines were cited in the determination. Application for independent medical review (IMR) is dated December 2, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cyclobenzaprine 150mg #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-64.

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

**Decision rationale:** Regarding the request for Cyclobenzaprine (Flexeril), Chronic Pain Medical Treatment Guidelines support the use of non-sedating muscle relaxants to be used with caution as a 2nd line option for the short-term treatment of acute exacerbations of pain. Guidelines go on to state that Cyclobenzaprine specifically is recommended for a short course of therapy. Within the documentation available for review, there is no identification of a specific analgesic benefit or objective functional improvement as a result of the Cyclobenzaprine. Additionally, it does not appear that this medication is being prescribed for the short-term treatment of an acute exacerbation, as recommended by guidelines. Finally, there is no documentation of failure of first-line treatment options, as recommended by guidelines. In the absence of such documentation, the currently requested Cyclobenzaprine (Flexeril) is not medically necessary.