

<b>Case Number:</b>	CM15-0006348		
<b>Date Assigned:</b>	01/21/2015	<b>Date of Injury:</b>	05/31/2005
<b>Decision Date:</b>	03/18/2015	<b>UR Denial Date:</b>	12/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/12/2015

### 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: Florida

Certification(s)/Specialty: Neurology, Pain Management

### 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 (IW) is a 65 year old male, who sustained an industrial injury on May 31, 2005. He has reported lumbar and cervical back pain with associated, stiffness, weakness and numbness and bilateral shoulder pain and was diagnosed with neck strain/sprain, lumbar, shoulder and wrist sprain/strain. Treatment to date has included radiographic imaging, diagnostic studies, acupuncture, pain medications and work restrictions. Currently, the IW complains of reported lumbar and cervical back pain with associated, stiffness, weakness and numbness and bilateral shoulder pain. The IW reported continued cervical, shoulder, lumbar and wrist pain after a hood fell on his head while doing mechanical work. He was treated with acupuncture therapy with some noted improvement in the cervical spine. On December 10, 2014, evaluation revealed continued and worsened cervical and lumbar pain. Previous treatment also included a TENS unit which was noted to cause sharp pain and headaches. The recommendation was for cyclobenzaprine 10mg. On December 19, 2014, Utilization Review non-certified a request for cyclobenzaprine 10 mg, #60., noting the MTUS, ACOEM Guidelines, (or ODG) was cited. On January 7, 2015, the injured worker submitted an application for IMR for review of requested cyclobenzaprine 10 mg, #60.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cyclobenzaprine 10mg #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Recommended as an option, using a short course of therapy. See Medications for chronic painfor.

**Decision rationale:** MTUS guidelines support the use of flexeril for short term therapy for treatment of muscle spasms. The medical records provided for review indicate treatment with flexeril (orphenadrine) but does not document/ indicate specific functional benefit or duration of any benefit in regard to muscle relaxant effect. As such the medical records do not demonstrate objective functional benefit or demonstrate intent to treat with short term therapy in congruence with guidelines.