

<b>Case Number:</b>	CM15-0103479		
<b>Date Assigned:</b>	06/08/2015	<b>Date of Injury:</b>	07/20/2007
<b>Decision Date:</b>	07/09/2015	<b>UR Denial Date:</b>	05/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/29/2015

### 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: 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 55-year-old who has filed a claim for chronic low back and shoulder pain reportedly associated with an industrial injury of July 20, 2007. In a Utilization Review report dated May 27, 2015, the claims administrator failed to approve a request for cyclobenzaprine (Flexeril). The claims administrator referenced a RFA form dated May 13, 2015 in its determination and associated progress note of the same date. The applicant's attorney subsequently appealed. In an August 12, 2013 medical-legal evaluation, the applicant acknowledged that he was no longer working owing to various, sundry chronic pain, and depressive symptoms. The applicant was using Prilosec, Zanaflex, Neurontin, and tramadol, it was acknowledged. The applicant had developed significant mental health issues, it was acknowledged on this date. In an RFA form dated May 13, 2015, Neurontin and Flexeril were endorsed for ongoing complaints for low back pain. In associated progress note dated May 13, 2015, the applicant reported ongoing complaints of low back pain status post earlier failed spine surgery. The applicant had myofascial pain complaints, it was acknowledged. 7/10 pain was reported. The applicant had developed some GI issues, it was reported. Permanent work restrictions were renewed. The applicant was using cyclobenzaprine at a rate of twice daily, it was suggested.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cyclobenzaprine 7.5 mg #60 2 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 41-42.

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

**Decision rationale:** No, request for cyclobenzaprine was not medically necessary, medically appropriate, or indicated here. 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, concurrently using gabapentin, an anticonvulsant adjuvant medication. Adding cyclobenzaprine or Flexeril to the mix was not recommended. It is further noted that 60 tablet, two-refill supply of cyclobenzaprine at issue represents treatment in excess of the "short course of therapy" for which cyclobenzaprine is recommended, page 41 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request was not medically necessary.