

<b>Case Number:</b>	CM15-0134468		
<b>Date Assigned:</b>	08/19/2015	<b>Date of Injury:</b>	10/21/2014
<b>Decision Date:</b>	09/15/2015	<b>UR Denial Date:</b>	07/07/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/13/2015

### 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: California

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 39 year old male who sustained an industrial injury on 10-21-2014. He was in a motor vehicle accident. He has reported thoracic and has been diagnosed with vertebral fracture non-disclosed multiple thoracic, lumbar disc displacement without myelopathy, and sciatica. Treatment has included medications and physical therapy. There was no edema or tenderness palpated in an extremity. There was normal muscle tone without atrophy to the right upper extremity, left upper extremity, right lower extremity, and left lower extremity. The treatment plan included medications. The treatment request included cyclobenzaprine and protonix.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 prescription of Cyclobenzaprine 10mg #30 with 2 refills: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril); Muscle relaxants (for pain).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants, pg 128.

**Decision rationale:** Guidelines do not recommend long-term use of this muscle relaxant for this chronic injury. Additionally, the efficacy in clinical trials has been inconsistent and most studies are small and of short duration. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. Submitted reports have not adequately demonstrated the indication or medical need for this treatment and there is no report of significant progressive deteriorating clinical findings, acute flare-up or new injury to support for its long-term use. There is no report of functional improvement resulting from its previous treatment in terms of decreased pharmacological dosing, decreased medical utilization, increased ADLs and functional work status to support further use as the patient remains unchanged. The 1 prescription of Cyclobenzaprine 10mg #30 with 2 refills is not medically necessary or appropriate.