

<b>Case Number:</b>	CM15-0136470		
<b>Date Assigned:</b>	07/24/2015	<b>Date of Injury:</b>	12/14/2013
<b>Decision Date:</b>	08/21/2015	<b>UR Denial Date:</b>	06/19/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/14/2015

### 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: Arizona, California  
 Certification(s)/Specialty: Family Practice

### 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 48 year old male, who sustained an industrial injury on December 14, 2013, incurring low back injuries mopping a floor. He was diagnosed with lumbosacral degenerative disc disease, sacroiliac sprain and lumbar facet arthropathy. Treatment included physical therapy, chiropractic sessions, anti-inflammatory drugs, pain medications, topical analgesic cream, epidural steroid injection, transcutaneous electrical stimulation unit, and home exercise program. Currently, the injured worker complained of persistent low back pain radiating down both lower extremities. He noted decreased range of motion of his legs with muscle weakness. The injured worker had limited sitting, standing and walking capabilities. The treatment plan that was requested for authorization included a prescription for Cyclobenzaprine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cyclobenzaprine 7.5mg 1 daily, #60:** Upheld

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

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

**Decision rationale:** According to the MTUS guidelines, Cyclobenzaprine (Flexeril) is more effective than placebo for back pain. It is recommended for short course therapy and has the greatest benefit in the first 4 days suggesting that shorter courses may be better. Those with fibromyalgia were 3 times more likely to report overall improvement, particularly sleep. Treatment should be brief. There is also a post-op use. The addition of Cyclobenzaprine to other agents is not recommended. The claimant had been on Flexeril for a prolonged period along with NSAIDS. Continued and chronic use is not medically necessary.