

<b>Case Number:</b>	CM15-0142832		
<b>Date Assigned:</b>	08/03/2015	<b>Date of Injury:</b>	01/19/2013
<b>Decision Date:</b>	08/31/2015	<b>UR Denial Date:</b>	07/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/23/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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 is a 66 year old male, who sustained an industrial injury on 1-19-2013. The mechanism of injury is unknown. The injured worker was diagnosed as having lumbosacral sprain-strain and myofascial pain. There is no record of a recent diagnostic study. Treatment to date has included home exercise, TENS (transcutaneous electrical nerve stimulation) and medication management. In a progress note dated 6-17-2015, the injured worker complains of low back pain. Physical examination showed right lumbar tenderness. The treating physician is requesting Retrospective (6-17-15): Cyclobenzaprine 7.5mg # 60.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective (6/17/15): Cyclobenzaprine 7.5mg Qty: 60.00: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines (1) Cyclobenzaprine (Flexeril), page 41 (2) Muscle relaxants, page 63.

**Decision rationale:** The claimant sustained a work injury in January 2013 and continues to be treated with a diagnosis of a lumbar strain/sprain and myofascial pain. When seen, he was having intermittent sharp low back pain with muscle spasms increased with activity. He was not having radiating symptoms. Physical examination findings included right paraspinal muscle tenderness. Medications were refilled. Cyclobenzaprine had been prescribed since at least January 2015 and was refilled with a two month supply. Flexeril (cyclobenzaprine) is closely related to the tricyclic antidepressants. It is recommended as an option, using a short course of therapy and there are other preferred options when it is being prescribed for chronic pain. Although it is a second-line option for the treatment of acute exacerbations in patients with muscle spasms, short-term use only of 2-3 weeks is recommended. In this case, the quantity being prescribed is consistent with ongoing long-term use and is not medically necessary.