

<b>Case Number:</b>	CM15-0143986		
<b>Date Assigned:</b>	08/04/2015	<b>Date of Injury:</b>	09/13/2013
<b>Decision Date:</b>	09/01/2015	<b>UR Denial Date:</b>	06/30/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/24/2015

### 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:

This 54 year old man sustained an industrial injury on 9-13-2013. The mechanism of injury is not detailed. Evaluations include lumbar spine MRI dated 11-10-2013. Diagnoses include lumbar facet joint pain, myofascial pain, degeneration of lumbar intervertebral disc, bursitis of the shoulder, and chronic pain. Treatment has included oral and topical medications and physical therapy. Physician notes dated 6-11-2105 show complaints of low back pain and left shoulder pain. Recommendations include Naproxen, Cyclobenzaprine, Gabapentin, physical therapy, and cognitive behavioral therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cyclobenzaprine 10mg 1 tablet every day for 30 days #30 with 2 refills (prescribed 6-11-15): Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines (1) Cyclobenzaprine (Flexeril), p41 (2) Muscle relaxants, p63 Page(s): 41, 63.

**Decision rationale:** The claimant sustained a work injury in October 2014 and continues to be treated for low back and left shoulder pain. When seen, he was taking Aleve and using Voltaren gel. There was lumbar paraspinal muscle and facet joint tenderness with normal range of motion authorization for physical therapy and a cognitive behavioral therapy evaluation was requested. Reduced work restrictions were given. Cyclobenzaprine was continued with two refills. 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 was not medically necessary.