

<b>Case Number:</b>	CM15-0149453		
<b>Date Assigned:</b>	08/12/2015	<b>Date of Injury:</b>	10/22/2014
<b>Decision Date:</b>	09/14/2015	<b>UR Denial Date:</b>	07/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/31/2015

### 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 46-year-old who has filed a claim for chronic low back pain reportedly associated with an industrial injury of October 22, 2014. In a Utilization Review report dated July 9, 2015, the claims administrator failed to approve a request for cyclobenzaprine. The claims administrator referenced an RFA form received on July 7, 2015 and an associated progress note of June 25, 2015 in its determination. The applicant's attorney subsequently appealed. On July 25, 2015, the applicant reported ongoing complaints of low back pain. The applicant also had undergone an umbilical hernia repair, it was incidentally noted. A lumbar epidural steroid injection, internal medicine consultation, and acupuncture were endorsed while Relafen, Prilosec, and Flexeril were renewed. The applicant was given a rather proscriptive 10-pound lifting limitation. It was not clearly stated whether the applicant was or was not working with said limitation in place, although this did not appear to be the case. On May 14, 2015, the applicant again reported ongoing complaints of low back pain radiating into the right leg. A lumbar epidural steroid injection, acupuncture, naproxen, and Prilosec were endorsed. The treating provider suggested that the applicant's employer was unable to accommodate the 10-pound lifting limitation imposed on this date.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cyclobenzaprine HCL 10 mg, sixty count, provided on June 25, 2015: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

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

**Decision rationale:** No, the request for cyclobenzaprine (Flexeril) 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 another agent, Relafen. Adding cyclobenzaprine or Flexeril to the mix was not recommended. It was further noted that the 60-tablet supply of cyclobenzaprine (Flexeril) at issue, in and of itself, represents treatment in excess of the "short course of therapy" for which cyclobenzaprine is recommended, per page 41 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request was not medically necessary.