

<b>Case Number:</b>	CM15-0149647		
<b>Date Assigned:</b>	08/12/2015	<b>Date of Injury:</b>	12/10/2014
<b>Decision Date:</b>	09/09/2015	<b>UR Denial Date:</b>	07/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/03/2015

### 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: New Jersey, Alabama, California  
 Certification(s)/Specialty: Neurology, Neuromuscular 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 injured worker is a 64 year old male, who sustained an industrial injury on 12-10-14. The injured worker has complaints of headache and neck pain radiating to bilateral shoulders and complaints of upper and mid back pain. The cervical, thoracic and lumbar range of motion is decreased. There is muscle spasm of the lumbar paravertebral muscles. There is +3 tenderness to palpation of the thoracic paravertebral muscles. The diagnoses have included post-concussion syndrome with headache and dizziness; cervical sprain and strain; cervical myofascitis; rule out cervical disc protrusion and rule out cervical radiculitis versus radiculopathy. Treatment to date has included physical therapy; chiropractic treatment; X-rays; naproxen; prilosec; flexeril and menthoderm transdermal analgesic. The request was for cyclobenzaprine 10mg #60.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cyclobenzaprine 10mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-66. Decision based on Non-MTUS Citation Official Disability Guidelines - TWC Pain Procedure Summary, Online Version, Non-sedating muscle relaxants.

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

**Decision rationale:** The MTUS for Chronic Pain does not recommend muscle relaxants for chronic pain. According to MTUS guidelines, non-sedating muscle relaxants, are recommended with caution as a second line option for short-term treatment of acute exacerbations in patients with chronic spasm and pain. Efficacy appears to diminish over time and prolonged use may cause dependence. According to MTUS guidelines, "Cyclobenzaprine (Flexeril, Amrix, Fexmid, generic available): Recommended for a short course of therapy. Limited, mixed-evidence does not allow for a recommendation for chronic use. Cyclobenzaprine is a skeletal muscle relaxant and a central nervous system depressant with similar effects to tricyclic antidepressants (e.g. amitriptyline). Cyclobenzaprine is more effective than placebo in the management of back pain, although the effect is modest and comes at the price of adverse effects. The greatest effect appears to be in the first 4 days of treatment." The muscle relaxant prescribed in this case is sedating. This injured worker has chronic pain with no evidence of prescribing for flare-ups. There is no recent evidence of pain flare or spasm and the prolonged use of Cyclobenzaprine is not justified. There is no pain and functional improvement with previous use of the medication. Therefore, the request for authorization of Cyclobenzaprine 10mg #60 is not medically necessary.