

<b>Case Number:</b>	CM15-0188308		
<b>Date Assigned:</b>	09/30/2015	<b>Date of Injury:</b>	07/16/2013
<b>Decision Date:</b>	11/09/2015	<b>UR Denial Date:</b>	09/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/24/2015

### 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: Montana, Oregon, Idaho  
 Certification(s)/Specialty: Orthopedic Surgery

### 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 is a 31 year old male who sustained a work-related injury on 7-16-13. Medical record documentation on 8-13-14 revealed the injured worker was being treated for cervicothoracic strain-discopathy with foraminal stenosis, resolved left wrist complaints, status post L4-5 left-sided microdiscectomy, right knee strain, and left ankle strain. He reported he is using 3-4 hydrocodone tablets per day for pain management and is waiting for a pain management provider evaluation. Objective findings included negative Spurling's and foraminal compression tests bilaterally and markedly positive straight leg raise signs. Medications included Celebrex, omeprazole, and cyclobenzaprine HCL 10 mg (since at least 3-5-15). A request for cyclobenzaprine HCL 10 mg was received on 9-3-15. On 9-12-15 the Utilization Review physician determined cyclobenzaprine HCL 10 mg was not medically necessary based on California Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cyclobenzaprine 10mg, one tablet twice daily:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

**Decision rationale:** CA MTUS Chronic Pain Medical Treatment Guidelines, pages 64-65, reports that muscle relaxants are recommended to decrease muscle spasm in condition such as low back pain although it appears that these medications are often used for the treatment of musculoskeletal conditions whether spasm is present or not. The mechanism of action for most of these agents is not known. CA MTUS Chronic Pain Medical Treatment Guidelines, page 41 and 42, report that Cyclobenzaprine, is recommended as an option, using a short course of therapy. See Medications for chronic pain for other preferred options. Cyclobenzaprine (Flexeril) is more effective than placebo in the management of back pain; the effect is modest and comes at the price of greater adverse effects. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. (Browning, 2001) Treatment should be brief. There is also a post-op use. The addition of cyclobenzaprine to other agents is not recommended. In this case, according to the available records the injured worker has been taking cyclobenzaprine since at least 3/5/15. This duration exceeds the recommended short course of therapy. In addition the physical exam does not document muscle spasm. Therefore, the request for cyclobenzaprine is not medically necessary.