

<b>Case Number:</b>	CM15-0188550		
<b>Date Assigned:</b>	09/30/2015	<b>Date of Injury:</b>	02/03/2009
<b>Decision Date:</b>	11/09/2015	<b>UR Denial Date:</b>	09/09/2015
<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: California, South Carolina

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Family Practice

### 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 46 year old male who sustained an industrial injury on February 03, 2009. Recent primary follow up dated July 15, 2015, reported "stable with current meds." The plan of care is with recommendation to stop Norco as urine screen noted THC, TCA, and MOP. A pain management follow-up dated January 12, 2015, reported subjective complaint of "left ankle and left foot pain," "stomach acid secondary to Ibuprofen," and "constant pain which radiates to the left leg and foot and described as severe, sharp and dull." He also has "weakness and numbness." The following diagnoses were applied to this visit with fracture of ankle, and opioid dependence, continuous. The following medications were prescribed this visit: Norco, hydrocodone, tizanidine, ibuprofen, Prilosec, naproxen, and Flexeril. Pain follow up dated March 2015 and May 2015 also noted "unchanged" medications. On August 26, 2015, a request was made for Flexeril 5mg that was non-certified by Utilization Review on September 09, 2015.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective Cyclobenzaprine 7.5mg twice a day #60 (DOS: 08/27/2015): 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): Cyclobenzaprine (Flexeril).

**Decision rationale:** Per the cited CA MTUS guideline, cyclobenzaprine is recommended only for a short course of treatment and is not recommended for chronic use. In general, the medication is not recommended for use beyond two to three weeks per treatment period, and may be most beneficial only in the first four days. Recent treating physician notes state the injured worker has been stable on his current medication regimen. However, there is no documentation of spasm, objective functional improvement, and he has been on the medications long-term. Recommend weaning as directed. Based on the available medical records and guidelines cited, the request for retrospective cyclobenzaprine 7.5mg twice a day #60 (DOS: 08/27/2015) is not medically necessary at this time.