

<b>Case Number:</b>	CM15-0190215		
<b>Date Assigned:</b>	10/02/2015	<b>Date of Injury:</b>	07/24/2013
<b>Decision Date:</b>	11/09/2015	<b>UR Denial Date:</b>	09/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/28/2015

### 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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 36 year old male, who sustained an industrial injury on 07-24-2013. Medical records indicated that the injured worker is undergoing treatment for displacement of lumbar intervertebral disc without myelopathy. Treatment and diagnostics to date has included electromyography-nerve conduction velocity studies and medications. Current medications include Gabapentin, Diclofenac, and Cyclobenzaprine (prescribed since at least 04-16-2015. The injured worker is currently able to work modified duty. After review of the progress note dated 09-03-2015, the injured worker reported pain in lower back and left hip with radiation to the left leg rated an average of 7 out of 10 in severity. Objective findings included limited lumbar spine range of motion, tenderness to palpation over the bilateral lumbar paraspinal muscles, positive straight leg raise test on the left, and diminished sensation in the left L4, L5, and S1 dermatomes of the lower extremities. The request for authorization dated 09-08-2015 requested MRI of the lumbar spine, Gabapentin, Diclofenac, and Cyclobenzaprine 7.5mg twice a day #60. The Utilization Review with a decision dates of 09-15-2015 non-certified the request for Cyclobenzaprine 7.5mg #60.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cyclobenzaprine 7.5mg #60: 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:** Guidelines do not recommend long-term use of this muscle relaxant for this chronic 2013 injury. Additionally, the efficacy in clinical trials has been inconsistent and most studies are small and of short duration. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. Submitted reports have not adequately demonstrated the indication or medical need for this treatment and there is no report of significant progressive deteriorating clinical findings, acute flare-up or new injury to support for its long-term use prescribed since at least 4/16/15. There is no report of functional improvement resulting from its previous treatment in terms of decreased pharmacological dosing, decreased medical utilization, increased ADLs and functional work status to support further use as the patient remains unchanged. The Cyclobenzaprine 7.5mg #60 is not medically necessary and appropriate.