

<b>Case Number:</b>	CM15-0193740		
<b>Date Assigned:</b>	10/07/2015	<b>Date of Injury:</b>	10/06/2009
<b>Decision Date:</b>	11/23/2015	<b>UR Denial Date:</b>	09/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/02/2015

### 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 66-year-old who has filed a claim for chronic neck and low back pain reportedly associated with an industrial injury of October 6, 2009. In a Utilization Review report dated September 14, 2015, the claims administrator failed to approve a request for cyclobenzaprine (Flexeril). The claims administrator referenced an August 7, 2015 office visit in its determination. The applicant's attorney subsequently appealed. On said August 12, 2015 office visit, the applicant reported ongoing complaints of low back pain. The applicant was off of work and had not worked since October 2009, it was reported. The applicant's medications included tramadol, Flexeril, and topical capsaicin, it was reported. The applicant exhibited a visibly antalgic gait requiring usage of a cane. Ultracet, Flexeril, and a topical compounded agent were endorsed toward the bottom of the note. Permanent work restrictions were renewed. The treating provider suggested that the applicant was not, in fact, working with said limitations in place. An August 17, 2015 psychology note was notable for commentary to the effect that the applicant was using a cane, was tearful, and was disabled as of this point in time.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cyclobenzaprine 7.5mg tab #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Cyclobenzaprine (Flexeril).

**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 deemed not recommended. Here, the applicant was, in fact, using a variety of other agents to include tramadol, Ultracet, a capsaicin-containing cream, etc. The addition of cyclobenzaprine or Flexeril to the mix was not recommended, per page 41 of the MTUS Chronic Pain Medical Treatment Guidelines. It is further noted that the 60-tablet renewal request for cyclobenzaprine, moreover, represented 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.