

<b>Case Number:</b>	CM15-0196067		
<b>Date Assigned:</b>	10/09/2015	<b>Date of Injury:</b>	06/15/2009
<b>Decision Date:</b>	11/18/2015	<b>UR Denial Date:</b>	09/29/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/06/2015

### 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: Arizona, California  
 Certification(s)/Specialty: 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 63 year old male, who sustained an industrial injury on 6-15-09. The injured worker is diagnosed with low back pain, lumbosacral radiculopathy and lumbar disc displacement. His work status is modified duty. Notes dated 6-3-15 - 9-9-15 reveals the injured worker presented with complaints of mid and low back pain described as sharp and accompanied by numbness, tingling and weakness in his legs bilaterally (right greater than left) and rated at 9-10 out of 10. The pain is increased by bending, twisting, standing, sitting, stairs and walking and is decreased by, rest, lying down, and sitting in a recliner. He reports he is unable to walk for greater than 5-10 minutes without experiencing increased pain. Physical examinations dated 6-3-15 - 9-9-15 revealed an altered gait and significant pain from sit to stand transition. There is tenderness noted at the sciatic notches, painful and decreased range of motion, increased tone in the lumbar "paravertebral muscles and quadratus lumborum muscles". Jump signs are noted with radiation into the "ipsilateral buttock". Straight leg raise is positive bilaterally. Treatment to date has included medications; Flexeril, Norco, Relafen; home exercise program; lumbar epidural steroid injection, which provided relief lasting up to 4 months per note dated 9-9-15 and he ambulates with the use of a cane. A request for authorization dated 6-10-15 for Cyclobenzaprine 5 mg #30 with 3 refills is non-certified, per Utilization Review letter dated 9- 29-15.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cyclobenzaprine 5mg #30 with 3 refills: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines, web based.

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

**Decision rationale:** According to the MTUS guidelines, Cyclobenzaprine (Flexeril) is more effective than placebo for back pain. It is recommended for short course therapy and has the greatest benefit in the first 4 days suggesting that shorter courses may be better. Those with fibromyalgia were 3 times more likely to report overall improvement, particularly sleep. Treatment should be brief. There is also a post-op use. The addition of Cyclobenzaprine to other agents is not recommended. The claimant was given Flexeril along with NSAIDS and opioids. Long-term use is not recommended. The request for Flexeril with 3 months refills is not medically necessary.