

<b>Case Number:</b>	CM15-0197743		
<b>Date Assigned:</b>	10/13/2015	<b>Date of Injury:</b>	03/24/2015
<b>Decision Date:</b>	11/20/2015	<b>UR Denial Date:</b>	09/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/08/2015

### 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 56 year old male, who sustained an industrial injury on 3-24-2015. The medical records indicate that the injured worker is undergoing treatment for right lumbar spine sciatica and right knee patellar tendinitis. According to the progress report dated 9-9-2015, the injured worker presented with complaints of sharp, moderate-to-severe low back pain. He notes "no change". On a subjective pain scale, he rates his pain 7 out of 10. The physical examination of the lumbar spine reveals restricted and painful range of motion. Examination of the right knee reveals tenderness to palpation over the infrapatella with painful and limited range of motion. The current medications are Ibuprofen and Baclofen. Previous diagnostic studies include MRI of the lumbar spine. Treatments to date include medication management and physical therapy. Work status is described as modified duty. The treatment plan included prescription for Mobic and Cyclobenzaprine. The original utilization review (9-17-2015) had non-certified a request for Cyclobenzaprine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cyclobenzaprine 5mg #30, with eleven refills:** 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:** Guidelines do not recommend long-term use of this muscle relaxant for this chronic March 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. 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 5mg #30, with Eleven Refills is not medically necessary and appropriate.