

<b>Case Number:</b>	CM15-0203282		
<b>Date Assigned:</b>	10/20/2015	<b>Date of Injury:</b>	06/12/2009
<b>Decision Date:</b>	12/04/2015	<b>UR Denial Date:</b>	09/29/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/15/2015

### 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 [REDACTED] beneficiary who has filed a claim for chronic low back pain reportedly associated with an industrial injury of June 12, 2009. In a Utilization Review report dated September 29, 2015, the claims administrator failed to approve a request for cyclobenzaprine while apparently approving a request for Naprosyn and Protonix. The claims administrator referenced a September 14, 2015 office visit in its determination. The applicant's attorney subsequently appealed. On a five-page appeal letter, the attending provider went on to appeal previously-denied cyclobenzaprine. The attending provider contended that the applicant was using cyclobenzaprine relatively sparingly and had received prescriptions for cyclobenzaprine in January and September 2015. On said September 14, 2015 office visit, the attending provider stated the applicant was in fact using Naprosyn as a primary analgesic. The applicant was using Protonix for issues with Naprosyn-induced reflux, the treating provider reported. Naprosyn, Protonix, and cyclobenzaprine were all endorsed. The attending provider suggested the applicant had returned to work as a painter and was deriving appropriate analgesia from his medications.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cyclobenzaprine 10 MG #60:** Overturned

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

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

**Decision rationale:** Yes, the request for cyclobenzaprine was medically necessary, medically appropriate, and indicated here. As noted on page 41 of the MTUS Chronic Pain Medical Treatment Guidelines, cyclobenzaprine is recommended as an option, "using a short-course of therapy." Here, the attending provider indicated on an appeal letter dated August 26, 2015 that the applicant was in fact using cyclobenzaprine sparingly and had received prescriptions for the same in January and September 2015. Thus, the attending provider implied that the 60-tablet of cyclobenzaprine had lasted approximately eight months. Thus, the applicant was using somewhat between 7 and 8 tablets of cyclobenzaprine monthly, the treating provider implied. Such usage was in-line with the short course of therapy for cyclobenzaprine is recommended, per page 41 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request was medically necessary.