

<b>Case Number:</b>	CM15-0208710		
<b>Date Assigned:</b>	10/27/2015	<b>Date of Injury:</b>	11/01/2008
<b>Decision Date:</b>	12/08/2015	<b>UR Denial Date:</b>	10/01/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/23/2015

### 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 51-year-old male who sustained an industrial injury 11-01-08. A review of the medical records reveals the injured worker is undergoing treatment for L2-4 protrusion with neural encroachment, annular tear L2 and L3-4, facet arthropathy L5-S1, left medial and lateral epicondylitis, status post bilateral carpal tunnel release, mild bilateral media neuropathy, and rule out left cubital syndrome, and bilateral shoulder impingement. Medical records (08-20-15) reveal the injured worker complains of low back and left wrist-hand pain rated at 9/10, left shoulder and right wrist pain rated at 8/10, and left elbow pain rated at 6/10. The physical exam (08-20-15) reveals tenderness in the lumbar spine, bilateral shoulders, left elbow, as well as decreased range of motion in the lumbar spine. Diminished sensation was noted in the bilateral wrists and hands. Prior treatment includes a cervical fusion, left total knee replacement, bilateral carpal tunnel releases, and medications including Tramadol, hydrocodone, the original utilization review (10-01-15) non certified the request for cyclobenzaprine 7.5mg #90 on 08-20-15. The documentation supports that the injured worker has been on cyclobenzaprine since at least 07-10-15.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retro Cyclobenzaprine 7.5 mg #90 with a dos of 8/20/2015: 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 2008 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 Retro Cyclobenzaprine 7.5 mg #90 with a dos of 8/20/2015 is not medically necessary and appropriate.