

<b>Case Number:</b>	CM15-0026808		
<b>Date Assigned:</b>	02/19/2015	<b>Date of Injury:</b>	07/26/2010
<b>Decision Date:</b>	04/15/2015	<b>UR Denial Date:</b>	01/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/12/2015

### 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 50 year old who sustained an industrial related injury on 7/26/11. The injured worker had complaints of cervical spine pain with radiation to the upper extremities, headaches that are migrainous in nature, tension between the shoulder blades, and low back pain with radiation to the lower extremities. Diagnoses included lumbago and cervicgia. The treating physician requested authorization for Cyclobenzaprine Hydrochloride 7.5mg #170. On 1/14/15, the request was non-certified. The utilization review physician cited the Medical Treatment Utilization Schedule guidelines and noted this medication is recommended for short-term use. The injured worker does not have acute spasms therefore the request was modified to a quantity of 90.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cyclobenzaprine Hydrochloride tab 7.5mg #120 1 po q 8h prn:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-66.

**Decision rationale:** The patient was injured on 07/26/2011 and presents with constant pain in the cervical spine and lower back pain. The request is for cyclobenzaprine hydrochloride tablet 7.5 mg #120 one p.o.q.8h p.r.n. There is no RFA provided, and the patient is to return to modified work on 01/07/2015. The work restrictions include no lifting over 10 pounds, no repetitive bending/stooping, and no forceful pushing/pulling. It appears that this is the initial request for cyclobenzaprine. MTUS, pages 63-66, states, "Muscle relaxants (for pain): Recommended non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exasperation in patients with chronic low back pain. The most commonly prescribed antispasmodic agents are carisoprodol, cyclobenzaprine, metaxalone, and methocarbamol, but despite the popularity, skeletal muscle relaxants should not be the primary drug class of choice for musculoskeletal conditions. Cyclobenzaprine (Flexeril, Amrix, Fexmid, generic available): Recommended for a short course of therapy." MTUS Guidelines do not recommend use of cyclobenzaprine for longer than 2 to 3 weeks. In this case, the treater is requesting for a total of #120 tablets of cyclobenzaprine q 8 hrs, which exceeds the 2 to 3 weeks recommended by MTUS Guidelines. Therefore, the requested cyclobenzaprine is not medically necessary.