

<b>Case Number:</b>	CM15-0031685		
<b>Date Assigned:</b>	02/25/2015	<b>Date of Injury:</b>	05/24/2000
<b>Decision Date:</b>	04/14/2015	<b>UR Denial Date:</b>	02/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/19/2015

### 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, Pain Management

### 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 65-year-old female with an industrial injury dated 05/24/2000 (with other reported dates of injury: 06/22/2004 and 08/30/2005). Her diagnoses include cervical spondylosis, lumbar spondylosis, myofascial pain syndrome, psychiatric comorbidity, and chronic pain syndrome. No recent diagnostic testing was submitted or discussed. Previous treatments have included conservative care, medications, electrical stimulation, physical therapy, and trigger point injections. In an Agreed Medical Examination (AME) dated 01/19/2015, the AME physician reports stabbing shock-like low back pain resulting in occasional loss of balance with radiation into both lower extremities, and intermittent moderate neck pain radiating down the left arm. The objective examination revealed tenderness to palpation of the base of the neck, upper back and thoracolumbar region, full range of motion in the cervical spine with noted discomfort with the extreme limits, full range of motion in the lumbar spine with discomfort with extension, and decreased grip strength in the left hand. The treating physician is requesting cyclobenzaprine, which was denied by the utilization review. On 02/09/2015, Utilization Review non-certified a prescription for cyclobenzaprine 10mg #30 with 3 refills, noting that the medication is not recommended for use longer than 2-3 weeks, and the lack of documented muscle spasms. The MTUS Guidelines were cited. On 02/19/2015, the injured worker submitted an application for IMR for review of cyclobenzaprine 10mg #30 with 3 refills.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cyclobenzaprine 10mg #30 with 3 refills:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 63-66 of 127.

**Decision rationale:** Regarding the request for cyclobenzaprine (Flexeril), Chronic Pain Medical Treatment Guidelines support the use of non-sedating muscle relaxants to be used with caution as a 2nd line option for the short-term treatment of acute exacerbations of pain. Guidelines go on to state that cyclobenzaprine specifically is recommended for a short course of therapy. Within the documentation available for review, there is no identification of a specific analgesic benefit or objective functional improvement as a result of the cyclobenzaprine. Additionally, it does not appear that this medication is being prescribed for the short-term treatment of an acute exacerbation, as recommended by guidelines. Finally, there is no documentation of failure of first-line treatment options, as recommended by guidelines. In the absence of such documentation, the currently requested cyclobenzaprine (Flexeril) is not medically necessary.