

<b>Case Number:</b>	CM15-0038938		
<b>Date Assigned:</b>	03/09/2015	<b>Date of Injury:</b>	06/25/2009
<b>Decision Date:</b>	04/10/2015	<b>UR Denial Date:</b>	02/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/02/2015

### 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: Florida

Certification(s)/Specialty: Family Practice

### 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 66-year-old male who sustained an industrial injury on 6/25/09. He currently complains of chronic low back pain and left leg numbness and weakness. Medications include cyclobenzaprine, gabapentin, Norco, Ambien and Zoloft. His pain intensity with medications is 2/10. He uses a cane for ambulation. His medications enable him to perform activities of daily living and to meet functional goals. Diagnoses include thoracic/ left L5-S1 radiculopathy; lumbar degenerative disc disease; lumbar spinal stenosis and chronic low back pain. Diagnostics include MRI of the lumbar spine 1/7/14 and revealed abnormal results. In the progress note dated 1/16/15, the treating provider requested a refill on cyclobenzaprine as it helps with his muscle spasms.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cyclobenzaprine 10mg #180:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-64.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antispasticity/Antispasmodic Drugs, page(s) 100, 97 Page(s): Antispasticity/Antispasmodic Drugs, page(s) 100, 97.

**Decision rationale:** In accordance with the California MTUS guidelines, Cyclobenzaprine (Flexeril) is a muscle relaxant and muscle relaxants are not recommended for the treatment of chronic pain. From the MTUS guidelines: "Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP". Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence". Likewise, this request for Cyclobenzaprine is not medically necessary.