

<b>Case Number:</b>	CM15-0054561		
<b>Date Assigned:</b>	03/27/2015	<b>Date of Injury:</b>	02/15/2013
<b>Decision Date:</b>	07/15/2015	<b>UR Denial Date:</b>	03/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/23/2015

### 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: Arizona, California  
 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 35 year old female who sustained an industrial injury on 02/15/2013. The injured worker was diagnosed with protrusion C5-6 with radiculopathy, facet osteoarthropathy, and right ankle sprain and right median neuropathy. Treatment to date has included recent right shoulder magnetic resonance imaging (MRI) in March 2015, conservative measures, physical therapy, home exercise program, transcutaneous electrical nerve stimulation (TEN's) unit and medications. According to the primary treating physician's progress report on January 15, 2015, the injured worker continues to experience low back pain with left lower extremity symptoms greater than right rated as 7/10 on the pain scale, bilateral knee pain rated at 6/10, right shoulder pain rated at 7/10, right wrist and hand pain rated at 5/10 and cervical pain greater on the right upper extremity rated at 5/10. Medical documentation noted tenderness of the lumbar spine region with decreased range of motion and sensation with decreased lumbar paraspinal spasm. The cervical trapezius and paraspinal muscle spasm was also decreased. Current medications are listed as Tramadol ER, Naproxen, Cyclobenzaprine and Pantoprazole. Treatment plan consists of possible cervical epidural steroid injection, continuing with transcutaneous electrical nerve stimulation (TEN's) unit, stretching exercises, medication regimen and the current request for Cyclobenzaprine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cyclobenzaprine 7.5mg, #90: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine Page(s): 63.

**Decision rationale:** According to the MTUS guidelines, Cyclobenzaprine (Flexeril) is more effective than placebo for back pain. It is recommended for short course therapy and has the greatest benefit in the first 4 days suggesting that shorter courses may be better. Those with fibromyalgia were 3 times more likely to report overall improvement, particularly sleep. Treatment should be brief. There is also a post-op use. The addition of Cyclobenzaprine to other agents is not recommended. The claimant had been on Cyclobenzaprine along with Tramadol and NSAID for over 6 months. Continued and chronic use is not recommended by the guidelines and is not medically necessary.