

<b>Case Number:</b>	CM15-0057208		
<b>Date Assigned:</b>	04/02/2015	<b>Date of Injury:</b>	05/07/2014
<b>Decision Date:</b>	05/05/2015	<b>UR Denial Date:</b>	03/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/25/2015

### 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: Texas, New York, California  
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 applicant is a represented 25-year-old [REDACTED] employee who has filed a claim for chronic knee, back, shoulder, neck, and foot pain reportedly associated with an industrial injury of May 7, 2014. In a Utilization Review report dated March 6, 2015, the claims administrator failed to approve a request for cyclobenzaprine. A progress note of March 5, 2015 was referenced in the determination. In an October 16, 2014 progress note, the applicant reported ongoing complaints of knee, shoulder, back, and foot pain. Additional physical therapy, Ambien, and 60 tablets of Flexeril were endorsed on this date. On December 18, 2014, naproxen was renewed. The claims administrator's medical evidence log seemingly suggested that the bulk of the progress notes on file dated from 2014 and did not include the March 3, 2015 progress note on which cyclobenzaprine was seemingly renewed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cyclobenzaprine 10mg #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
Cyclobenzaprine (Flexeril) Page(s): 41.

**Decision rationale:** No, the request for cyclobenzaprine was not medically necessary, medically appropriate, or indicated here. As noted on page 41 of the MTUS Chronic Pain Medical Treatment Guidelines, the addition of cyclobenzaprine or Flexeril to other agents is not recommended. Here, the applicant was apparently using a variety of other agents, including naproxen. Adding cyclobenzaprine or Flexeril to the mix was not recommended. It is further noted that the 60-tablet supply of cyclobenzaprine at issue represents treatment in excess of the "short course of therapy" for which cyclobenzaprine is recommended, per page 41 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request was not medically necessary.