

<b>Case Number:</b>	CM15-0060841		
<b>Date Assigned:</b>	04/07/2015	<b>Date of Injury:</b>	08/16/2005
<b>Decision Date:</b>	05/06/2015	<b>UR Denial Date:</b>	03/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/31/2015

### 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:

This 53 year old man sustained an industrial injury on 8/16/2005. The mechanism of injury is not detailed. Evaluations include lumbar spine MRI dated 11/28/2011. Diagnoses include lumbar radiculopathy, lumbar herniated disc, lumbar spinal stenosis, lumbar spondylosis without myelopathy, lumbar degenerative disc disease, and lumbago. Treatment has included oral medications and surgical interventions. Physician notes on a PR-2 dated 1/6/2015 show complaints of pain in the low back and bilateral legs rated 9/10. Recommendations include Percocet, Prilosec, Flexeril, Colace, lumbar interlaminar epidural steroid injection X2, and follow up in one month.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cyclobenzaprine 7.5 MG #30:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
 Cylcobenzaprine 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 Flexeril since at least September 2015 in combination with 3 analgesics. Continued and chronic use is not medically necessary.