

<b>Case Number:</b>	CM15-0061016		
<b>Date Assigned:</b>	04/07/2015	<b>Date of Injury:</b>	08/30/2012
<b>Decision Date:</b>	05/06/2015	<b>UR Denial Date:</b>	03/10/2015
<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: Massachusetts

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 38 year old male, who sustained an industrial injury on 8/30/12. He reported head injury, left L1-L4 transverse process fracture with minimal displacement and left scapula fracture. The injured worker was diagnosed as having cervicalgia, lumbago, low back, low back syndrome, degeneration of lumbar spine, concussion, pain in thoracic spine and lumbalgia. Treatment to date has included physical therapy, oral medications including opioids and activity restrictions. Currently, the injured worker complains of difficulty performing certain mental tasks, otherwise functioning well enough to operate a small construction business. Physical exam noted mild tenderness to palpation of the left thoracic paraspinal muscles from T9-12. The treatment plan consisted of refilling prescriptions for Cyclobenzaprine and Norco and continued activity restrictions.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cyclobenzaprine 5 mg #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines (1) Cyclobenzaprine (Flexeril), p41 (2) Muscle relaxants, p63 Page(s): 41, 63.

**Decision rationale:** The claimant sustained a work-related injury in August 2012 and continues to be treated for chronic pain including neck and low back pain after being struck by a falling tree. Norco and Flexeril are being prescribed on a long term basis. Cyclobenzaprine is closely related to the tricyclic antidepressants. It is recommended as an option, using a short course of therapy and there are other preferred options when it is being prescribed for chronic pain. Although it is a second-line option for the treatment of acute exacerbations in patients with muscle spasms, short-term use only of 2-3 weeks is recommended. In this case, the quantity being prescribed is consistent with long-term use. Side effects from this medication may be contributing to the residual cognitive deficits following his injury. Continued prescribing was not medically necessary.