

<b>Case Number:</b>	CM15-0083669		
<b>Date Assigned:</b>	05/05/2015	<b>Date of Injury:</b>	10/14/2002
<b>Decision Date:</b>	06/08/2015	<b>UR Denial Date:</b>	04/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/01/2015

### 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: California

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 56 year old male, who sustained an industrial injury on October 14, 2002. The injured worker was diagnosed as having status post lumbar surgery and rule out lumbar disc injury. Treatment to date has included physical therapy, LSO, TENS, and medication. Currently, the injured worker complains of low back pain with intermittent lower extremity symptoms. The Treating Physician's report dated March 9, 2015, noted the injured worker reported medication facilitates maintenance of activities of daily living (ADLs), with hydrocodone decreasing somatic pain, with non-steroid anti-inflammatory drugs (NSAIDs) facilitated improved range of motion (ROM). Cyclobenzaprine was noted to decrease spasms for approximately 4-6 hours. Physical examination was noted to show tenderness in the lumbar spine with positive straight leg raise. The treatment plan was noted to include continuation with request for interventional pain management, continue LSO, continue TENS, prescribed Hydrocodone and Lidoderm patches, and dispensed Naproxen Sodium, Pantoprazole, and 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:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-64, 67, 68, 78, 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Proton pump inhibitors (PPIs).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-66.

**Decision rationale:** Regarding the request for cyclobenzaprine (Flexeril), Chronic Pain Medical Treatment Guidelines support the use of non-sedating muscle relaxants to be used with caution as a 2nd line option for the short-term treatment of acute exacerbations of pain. Guidelines go on to state that cyclobenzaprine specifically is recommended for a short course of therapy. Within the documentation available for review, there is indication that the medication is providing pain relief and increasing range of motion. However, it does not appear that this medication is being prescribed for the short-term treatment of an acute exacerbation, as recommended by guidelines. Given this, the currently requested cyclobenzaprine (Flexeril) is not medically necessary.