

<b>Case Number:</b>	CM15-0084041		
<b>Date Assigned:</b>	05/06/2015	<b>Date of Injury:</b>	08/02/2005
<b>Decision Date:</b>	06/09/2015	<b>UR Denial Date:</b>	04/09/2015
<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 (IW) is a female who sustained an industrial injury on 08/02/2005. She reported back pain in the thoracic and lumbar spine areas. The injured worker was diagnosed as having thoracolumbar degenerative disk disease. Treatment to date has included the medications of Kadian 40 mg twice daily, and Flexeril 10 mg twice daily as needed. Currently, the injured worker complains of muscle spasms and pain in the mid and low back. The injured worker has pain in the paraspinal musculature of the thoracic and lumbar spine areas. Medication allows her to perform home exercises on an intermittent basis and perform her daily routine activities with minimal difficulty. She reports no adverse effects from her medication use. The pain is localized in the back without radicular symptoms. On 04/09/2015 the Utilization Review agency non certified Cyclobenzaprine 10mg #60 citing CA- MTUS Chronic Pain: Muscle relaxants and the Official Disability Guidelines (ODG).

### 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 Muscle relaxants. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 63-66 of 127.

**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, it does not appear that this medication is being prescribed for the short-term treatment of an acute exacerbation, as recommended by guidelines. In the absence of such documentation, the currently requested cyclobenzaprine (Flexeril) is not medically necessary.