

<b>Case Number:</b>	CM15-0084780		
<b>Date Assigned:</b>	05/07/2015	<b>Date of Injury:</b>	10/29/2014
<b>Decision Date:</b>	06/08/2015	<b>UR Denial Date:</b>	04/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/04/2015

### 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:

The injured worker is a 30 year old female who sustained a work related injury October 29, 2014. While assisting a client into a vehicle, she felt a pulling sensation in her lower back. She continued to work and felt a progression of pain intermittently into her groin. She was diagnosed as an acute lumbosacral strain and prescribed medication, moist heat therapy, and a lumbar sacral Form fit support. According to a primary treating physician's progress report, dated March 18, 2015, the injured worker presented with pain in the low back and left elbow. The pain from the low back radiates to the feet with numbness. The pain from the elbow radiates to the left small finger with numbness and tingling. The injured worker stated she is using a cane for balance and to prevent falling. On examination, there is tenderness to T10-T12, L3-L5, L5-S1, left medial epicondyle with positive Tinel's sign and decreased range of motion. Diagnoses are lumbar spine sprain/strain and left elbow sprain/strain. Treatment plan included MRI of the lumbar spine and left elbow and medications. At issue, is the request for Cyclobenzaprine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cyclobenzaprine 7.5 quantity 60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine 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 provided Flexeril for a month in combination with opioids. Since only short courses are recommended and found to be beneficial, the request for a month of Flexeril is not medically necessary.