

<b>Case Number:</b>	CM15-0088583		
<b>Date Assigned:</b>	05/12/2015	<b>Date of Injury:</b>	09/25/2012
<b>Decision Date:</b>	06/19/2015	<b>UR Denial Date:</b>	04/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/08/2015

### 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: Texas, New York, California  
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 applicant is a represented [REDACTED] beneficiary who has filed a claim for chronic neck pain reportedly associated with an industrial injury of September 20, 2012. In a Utilization Review report dated April 24, 2015, the claims administrator failed to approve a request for cyclobenzaprine apparently ordered on or around April 20, 2015. The applicant's attorney subsequently appealed. In a progress note dated October 1, 2014, the applicant reported ongoing complaints of headaches, mid back pain, and low back pain. The applicant's medications included acetazolamide, Celexa, Neurontin, Norco, Motrin, Lamictal, Ativan, meclizine, phentermine, OxyContin, Topamax, and Desyrel, it was acknowledged. On April 9, 2015, the applicant reported ongoing complaints of neck pain, back pain, headaches, and tinnitus. Various medications were prescribed and/or renewed, including Desyrel, Flexeril, Celexa, Voltaren, Lamictal, OxyContin, meclizine, Pamelor, phentermine, and Imitrex. The applicant's work status was not stated. It was stated that the applicant could use Flexeril up to two to three times daily.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cyclobenzaprine Hcl 10mg #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 64.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril) Page(s): 41.

**Decision rationale:** No, the request for cyclobenzaprine (Flexeril) was not medically necessary, medically appropriate, or indicated here. As noted on page 41 of the MTUS Chronic Pain Medical Treatment Guidelines, the addition of cyclobenzaprine or Flexeril to other agents is "not recommended." Here, the applicant was in fact using a variety of other agents, including Imitrex, Celexa, Lamictal, OxyContin, etc. Adding cyclobenzaprine or Flexeril to the mix was not recommended. It is further noted that the 90-tablet supply of cyclobenzaprine in question represents treatment in excess of the "short course of therapy" for which cyclobenzaprine is recommended, per page 41 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request was not medically necessary.