

<b>Case Number:</b>	CM15-0231100		
<b>Date Assigned:</b>	12/04/2015	<b>Date of Injury:</b>	04/27/2015
<b>Decision Date:</b>	01/11/2016	<b>UR Denial Date:</b>	10/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/24/2015

### 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:

This is a 29 year old male with a date of injury on 4-27-2015. A review of the medical records indicates that the injured worker is undergoing treatment for lumbosacral strain, strain of thoracic region, cervical strain, left shoulder strain, acromioclavicular joint strain, strain of left hand and finger, injury of ulnar collateral ligament of left wrist and sprain of left knee. According to the progress report dated 10-20-2015, the injured worker complained of pain in the left ulnar collateral ligament (UCL) and the volar carpal tunnel area. He reported that his left shoulder pain had not changed. The physical exam (10-20-2015) revealed moderate, decreased range of motion in the cervical, thoracic and lumbar spines and the left shoulder. Palpation of the back revealed spasm of the right paraspinal and tenderness to the bilateral paraspinals. Treatment has included chiropractic treatment, trigger point injections and medication. Current medications (10-20-2015) included Naproxen, Melatonin, Cyclobenzaprine and Duloxetine. The original Utilization Review (UR) (10-28-2015) denied a request for Cyclobenzaprine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**One month supply of Cyclobenzaprine 5mg: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Cyclobenzaprine (Flexeril).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Cyclobenzaprine (Flexeril).

**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 given Flexeril along with NSAIDS for a month. The length and combination of Flexeril (Cyclobenzaprine) as prescribed is not medically necessary.