

<b>Case Number:</b>	CM15-0012476		
<b>Date Assigned:</b>	01/30/2015	<b>Date of Injury:</b>	02/01/1999
<b>Decision Date:</b>	03/18/2015	<b>UR Denial Date:</b>	12/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/22/2015

### 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 51 year old female sustained an industrial injury on 12/1/99. She subsequently reports neck, low back, bilateral knee and bilateral upper extremity pain. Diagnoses include cervical radiculopathy and fibromyalgia. An MRI performed on 10/21/14 revealed abnormalities in the right knee. Current treatments include Cyclobenzaprine, Lidocaine gel, Gabapentin and Butrans patch medications. The claimant had been on Cyclobenzaprine since at least September 2015. In November 2014, the claimant's pain was 9/10 with medications and 10/10 without. The UR decision dated 12/23/14 non-certified Cyclobenzaprine 10 MG #60. The Cyclobenzaprine 10 MG #60 was denied based on CA MTUS Chronic Pain Medical Treatment guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cyclobenzaprine 10 MG #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxers Page(s): 67.

**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 on Flexeril for over a month in combination with other analgesics without improvement in pain or function. Continued use is not medically necessary.