

<b>Case Number:</b>	CM15-0113130		
<b>Date Assigned:</b>	07/22/2015	<b>Date of Injury:</b>	01/25/2013
<b>Decision Date:</b>	09/23/2015	<b>UR Denial Date:</b>	05/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/11/2015

### 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, 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 52 year old male, who sustained an industrial injury on 1/25/2013. The current diagnoses are cervical sprain/strain, thoracic sprain/strain, and adjustment disorder. The patient has had history of closed head injury. According to the progress report dated 5/7/2015, the injured worker complains of upper mid back pain. He describes his upper mid back pain as intermittent, throbbing/tightness, worse with activity, and occasionally radiates into his bilateral hands with numbness. The pain is rated 7/10 on a subjective pain scale. The patient has had tenderness on palpation and muscle spasm in cervical and lower lumbar segment. The physical examination of the cervical/thoracic spine reveals no pain with movement. The current medications are Naprosyn, Tylenol #3, Gabapentin, Cyclobenzaprine, and Omeprazole. There is documentation of ongoing treatment with Cyclobenzaprine since at least 12/11/2014. Treatment to date has included medication management, physical therapy, home exercise program, TENS unit, and chiropractic. Work status was described as not working. A request for Cyclobenzaprine has been submitted. The patient sustained the injury when a piece of wood fell on him. The patient had received an unspecified number of chiropractic visits for this injury. The patient has had an X-ray of the cervical spine that revealed disc changes and MRI of the cervical spine that revealed severe spinal canal stenosis.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cyclobenzaprine 7.5 MG #90: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril), Page 41-42, NSAIDs, GI symptoms & cardiovascular risk, page 68-69 Page(s): 63-64.

**Decision rationale:** Request: Cyclobenzaprine 7.5 MG #90 - According to CA MTUS guidelines cited below: "Recommended as an option, using a short course of therapy. Cyclobenzaprine (Flexeril) is more effective than placebo in the management of back pain". The patient has had history of closed head injury. According to the progress report dated 5/7/2015, the injured worker complains of upper mid back pain. He describes his upper mid back pain as intermittent, throbbing/tightness, worse with activity, and occasionally radiates into his bilateral hands with numbness. The pain is rated 7/10 on a subjective pain scale. The patient has had tenderness on palpation and muscle spasm in the cervical and lower lumbar segment. The patient has had an X-ray of the cervical spine that revealed disc changes and MRI of the cervical spine that revealed severe spinal canal stenosis. The patient also has chronic conditions with abnormal objective findings. These conditions are prone to intermittent exacerbations. Therefore with this, it is deemed that, the use of the muscle relaxant Cyclobenzaprine 7.5 MG #90 is not medically appropriate.