

<b>Case Number:</b>	CM15-0127741		
<b>Date Assigned:</b>	07/14/2015	<b>Date of Injury:</b>	12/22/2012
<b>Decision Date:</b>	08/19/2015	<b>UR Denial Date:</b>	06/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/01/2015

### 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 42 year old female who sustained an industrial injury on 12/22/12 when she had to apply her brakes to avoid hitting another vehicle causing her body to swing forward and then backward in a rapid succession. She currently complains of mid back pain with a pain level of 5/10 with medication and 9/10 without medication. Medications were ibuprofen; Lidoderm 5% patch, cyclobenzaprine. Diagnoses include status post bilateral knee medial partial meniscectomy; C-spine musculoligamentous strain/ strain; hypertensive pain reaction; shoulder pain; thoracic degenerative disc disease. Treatments to date included physical therapy providing moderate relief; steroid joint injection to the knee with mild relief; medications. Diagnostics include MRI of the thoracic spine (2/9/15) showing multilevel degenerative disk changes, disc herniation. In the progress note dated 4/27/15 the treating provider's plan of care included a request for cyclobenzaprine 10 mg # 30.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cyclobenzaprine 10mg, #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Flexeril/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 on Flexeril for over 6 months in combination with NSAIDS. Continued and chronic use is not medically necessary. Therefore, the request is not medically necessary.