

<b>Case Number:</b>	CM15-0129386		
<b>Date Assigned:</b>	07/16/2015	<b>Date of Injury:</b>	01/19/2014
<b>Decision Date:</b>	08/12/2015	<b>UR Denial Date:</b>	06/26/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/03/2015

### 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 45 year old female who sustained an industrial injury to her lower back on 01/19/2014. The injured worker was diagnosed with unstable spondylolisthesis, Grade II at L4-5 and Grade I at L5-S1 and depression. The injured worker is status post anterior and posterior L4-5 laminectomy and fusion on April 30, 2015. Documentation noted diagnostic testing prior to surgical intervention and medications as prior treatments. According to the primary treating physician's progress report on May 14, 2015, the injured worker was evaluated for staple removals. There were no objective findings or physical examination noted. The injured worker was to begin physical therapy post-surgery. Current medications are listed as Morphine Sulfate ER 60mg, Morphine Sulfate IR 15mg, Gabapentin, Naproxen, Saphris and Omeprazole. Treatment plan consists of converting Morphine Sulfate to Oxycodone and the current request for Cyclobenzaprine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Pharmacy purchase of Cyclobenzaprine 10mg #60 (30-day supply) with 3 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Flexeril (Cyclobenzaprine) Page(s): 41-42.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
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 muscle relaxants such as Baclofen previously and was currently prescribed the Cyclobenzaprine along with opioids and NSAIDS. Cyclobenzaprine with 3 refills is not medically necessary.