

<b>Case Number:</b>	CM15-0171700		
<b>Date Assigned:</b>	09/14/2015	<b>Date of Injury:</b>	10/31/2011
<b>Decision Date:</b>	10/13/2015	<b>UR Denial Date:</b>	08/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/31/2015

### 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 44 year old male, who sustained an industrial injury on 10-31-2011. Diagnoses include unspecified or ill-defined internal injury without open wound into cavity, unspecified closed fracture of ribs, femur fracture and postsurgical status NEC. Treatment to date has included diagnostics and medications. Per the Primary Treating Physician's Progress Report dated 8-05-2015, the injured worker presented for follow-up evaluation. He reported lower back pain with numbness and tingling in the left lower extremity. Objective findings of the lumbar spine included tenderness to palpation of the paravertebral muscles with spasm and restricted range of motion. Bilateral hips examination revealed decreased flexion and abduction with right sided greater trochanter tenderness. The plan of care included lumbar support, follow-up care and medications. Authorization was requested on 8-05-2015 for Cyclobenzaprine 10mg #60 and Ketoprofen ER 200mg #30. On 8-20-2015, Utilization Review non-certified the request for Cyclobenzaprine 10mg #60 due to lack of medical necessity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cyclobenzaprine HCL 10mg #60 with 2 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**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 on muscle relaxants including Orphenadrine for over a year. The Flexeril was recently added with NSAIDS. Long-term use is not recommended. Continued use of Flexeril (Cyclobenzaprine) is not medically necessary.