

<b>Case Number:</b>	CM15-0174298		
<b>Date Assigned:</b>	09/16/2015	<b>Date of Injury:</b>	09/19/2011
<b>Decision Date:</b>	10/23/2015	<b>UR Denial Date:</b>	08/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/04/2015

### 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, New York, California  
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 applicant is a represented 50-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of September 19, 2011. In a Utilization Review report dated August 7, 2015, the claims administrator failed to approve to request for cyclobenzaprine. The claims administrator referenced an RFA form received on July 31, 2015 in its determination. The applicant's attorney subsequently appealed. On an RFA form dated May 23, 2015, an orthopedic spine surgery consultation, acupuncture, cervical, thoracic, and lumbar MRI imaging, and Percocet were endorsed. In an associated progress note dated May 20, 2015, both Percocet and cyclobenzaprine were seemingly renewed, the former at a rate of three times daily. On an RFA form dated June 24, 2015, Percocet, cyclobenzaprine, TENS unit supplies, Naprosyn, and Neurontin were all endorsed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cyclobenzaprine 7.5mg #60:** 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:** No, the request for cyclobenzaprine (Flexeril) is not medically necessary, medically appropriate, or indicated here. As noted on page 41 of the MTUS Chronic Pain Medical Treatment Guidelines, addition of cyclobenzaprine or Flexeril to other agents is not recommended. Here, the applicant was, in fact, using a variety of other agents to include Percocet, Naprosyn, Neurontin, etc., it was acknowledged on May 26, 2015, May 28, 2015, and June 24, 2015. The 60 "tablet supply of cyclobenzaprine at issue, furthermore, represents treatment in excess of the "short course" of therapy for which cyclobenzaprine (Flexeril) is recommended, per 41 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request is not medically necessary.