

<b>Case Number:</b>	CM15-0175386		
<b>Date Assigned:</b>	09/16/2015	<b>Date of Injury:</b>	07/07/2011
<b>Decision Date:</b>	10/19/2015	<b>UR Denial Date:</b>	08/11/2015
<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: 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 60 year old male, who sustained an industrial injury on 07-07-2011. He has reported subsequent headaches, neck, low back and bilateral extremity pain and was diagnosed with lumbar L4-L5 disc protrusion, left lumbar radiculitis, chronic degenerative disc disease and low back pain and lumbar discogenic disease at L4-L5 with nerve compression. MRI of the lumbar spine was noted to show lumbar discogenic disease with L4-L5 broad-based disk compression on the right. Treatment to date has included oral pain medication, transcutaneous electrical nerve stimulator (TENS) unit, acupuncture, injections and physical therapy, which were noted to have failed to significantly relieve the pain. In a progress note dated 08-04-2015 the injured worker reported low back, right leg and right buttock pain that was not rated in severity. Objective examination findings of the lumbar spine showed flexion of 90 degrees and extension of 20 degrees, spasm of latissimus dorsi on the left worse than the right, pain on the right side going down to the right buttocks, positive leg lift on the right at 45 degrees, decreased pain and touch sensation in the right L3 nerve dermatomes. Work status was documented as totally disabled. The physician noted that the injured worker's past medications were not appropriate and would be changed including Cyclobenzaprine and that aquatherapy would be requested for pain relief. A request for authorization of 1 prescription of Cyclobenzaprine 10 mg #60 was submitted. At utilization review (08-11-2015), the request for 1 prescription of Cyclobenzaprine 10 mg #60 was non-certified.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **1 Prescription of Cyclobenzaprine 10mg #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:** 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 a year in combination with opioids. Long-term use is not indicated. Continued use of Flexeril (Cyclobenzaprine) is not medically necessary.