

<b>Case Number:</b>	CM15-0179753		
<b>Date Assigned:</b>	09/21/2015	<b>Date of Injury:</b>	06/23/2014
<b>Decision Date:</b>	10/23/2015	<b>UR Denial Date:</b>	09/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/13/2015

### 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 28 year old male, who sustained an industrial injury on 6-23-14. The injured worker was diagnosed as having cervical radiculitis; lumbar radiculitis. Treatment to date has included physical therapy; chiropractic therapy; medications. Currently, the PR-2 notes dated 8-18-15 is hand written and difficult to decipher. The note appears to indicate the injured worker complains of "cervical pain- 6-8 out of 10 - mild radicular to upper extremities. Lumbar spine pain 7 out of 10." Objective findings are documented by the provider as "decreased range of motion with pain and positive Spurling's. Lumbar spine spasms tender, positive sciatica, negative straight leg raise. Diagnosis: cervical spine radiculitis and lumbar spine radiculitis." The treatment plan notes the injured worker is attending acupuncture and prescribed Ibuprofen 800mg #90 and Flexeril 10mg #60 and he will re-evaluation in 4-6 weeks. A Request for Authorization is dated 9-11-15. A Utilization Review letter is dated 9-3-15 and modified the certification for Cyclobenzaprine/Flexeril 10mg #60 to #30 for weaning. Utilization Review certified Ibuprofen 800 mg #60 and a Follow up office visit. Utilization Review referenced the CA MTUS Guidelines in their decision. The provider is requesting authorization of Cyclobenzaprine/Flexeril 10mg #60.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cyclobenzaprine/Flexeril 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 a prolonged period in combination with NSAIDS without improvement in pain or function. Continued use of Flexeril (Cyclobenzaprine) as prescribed above is not medically necessary.