Case Number:	CM16-0237163		
Date Assigned:	12/13/2016	**Date of Injury:**	10/13/2016
Decision Date:	01/10/2017	**UR Denial Date:**	11/22/2016
Priority:	Standard	**Application Received:**	12/09/2016

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: 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 injured worker is a 36 year old female who sustained an industrial injury on 10-13-2016. According to a progress report dated 11-10-2016, the injured worker reported severe constant bilateral neck and low back pain. Medications included Flexeril 5 mg. Symptoms included constant low back pain with radiation to the hips bilaterally. Pain radiated to the lower extremity to the knee, calf, foot and toes bilaterally. The injured worker reported numbness and tingling sensation in the right lower extremity to the level of the calf, foot and toes bilaterally. The injured worker had motor weakness bilaterally. Current pain was rated 10 out of 10. The injured worker reported constant pain in the shoulders bilaterally with radiation to the shoulders and hips bilaterally and numbness and tingling sensation in the hips and feet bilaterally. Pain was associated with swelling. Current pain was rated 10 out of 10. The injured worker reported difficulty in sleep. Objective findings included positive straight leg raise in the bilateral legs, decreased lumbar range of motion and 5 minus out of 5 motor strength. Diagnoses included lumbar disc displacement, lumbar radiculopathy and lumbar sprain strain. The treatment plan included electrodiagnostic studies, acupuncture, MRI of the lumbar spine, chiropractic, physical therapy, Ultram 50 gm one tablet a day as needed, Naproxen 500 mg #60 twice a day and Flexeril 10 mg #60 twice a day. The injured worker was temporarily totally disabled for one month. An authorization request dated 11-15-2016 (date of service 11-10-2016) was included in the medical records and included the request for Cyclobenzaprine 7.5 mg #60, Naproxen 500 mg #60 and Tramadol ER 150 mg #30. On 11-22-2016, Utilization Review non-certified the request for Cyclobenzaprine 7.5 mg #60. The request for Tramadol was authorized.

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: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2016, Section(s): Muscle relaxants (for pain), Cyclobenzaprine (Flexeril).

Decision rationale: With regard to the request for cyclobenzaprine, the CA MTUS states the following: "Recommended as an option, using a short course of therapy... this medication is not recommended for longer than 2-3 weeks." These guidelines further stipulate that the "addition of cyclobenzaprine to other agents is not recommended. (Clinical Pharmacology, 2008)" Per guidelines, cyclobenzaprine can be used in low back pain, post-operative pain, and fibromyalgia. The CA MTUS outlines that "muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility." The medical documents indicate that patient is in excess of the recommended treatment period. The treating physician does not establish the need based on the guidelines for long term/chronic usage of cyclobenzaprine. There does not appear to be the type of improvement in pain, muscle tension reduction, and functionality (ie, increased mobility) that would warrant long term use. The treating physician does not detail any extenuating circumstances to warrant deviation from the above guidelines. As such, the request for cyclobenzaprine is not medically necessary.