

<b>Case Number:</b>	CM13-0051476		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	01/16/2013
<b>Decision Date:</b>	05/23/2014	<b>UR Denial Date:</b>	10/04/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/22/2013

### 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. The expert reviewer is Board Certified in Occupational Medicine, and is licensed to practice in New York and North Carolina. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 50 year old man with complaints of low back pain after lifting a bottle or bucket full of water while in a walk-in refrigerator on 1/16/13. On 1/22/13, he was prescribed orphenadine 100 mg qHs (#30). On 1/24/13, the providers notes that there are spasms in the paravertberal musculature. On 2/12/13 refilled orphenadine. Pain management prescribed Flexeril 7.5 mg qHs (#30) after exam demonstrated tenderness or spasm. MRI demonstrated mild degenerative disease and mild to moderate central canal stenosis on 3/26/13. Continued Flexeril 5/14/13 (#30) On 5/24/13 another treating doctor prescribed Flexeril, dispensed from the clinic (amount not indicated). Neurodiagnostic testing on 5/29/13 indicated left L4 radiculopathy. Cyclobenzaprine 7.5 mg qHs prescribed 9/20/13. He was told to continue the Cyclobenzaprine 10/4/13. It was refilled again 10/11/14. He was told to continue them 11/1/13.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**CYCLOBENZAPRINE 7.5 MG, #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril, Amrix, Fexmid, Generic Available) Page(.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (Antispasmodics) Page(s): 63-64.

**Decision rationale:** The notes between 9/20/13 and 11/1/13 do not appear to document spasm at all, although subjectively the patient says the medications helped his pain. The long-term use of muscle relaxants is not indicated for his mechanical back pain. Efficacy of muscle relaxants wane over time, and the Flexeril is not indicated for chronic use in back pain. Cyclobenzaprine 7.5 mg, #30 is not medically necessary and appropriate.