

<b>Case Number:</b>	CM14-0104254		
<b>Date Assigned:</b>	07/30/2014	<b>Date of Injury:</b>	04/09/2014
<b>Decision Date:</b>	09/17/2014	<b>UR Denial Date:</b>	06/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/07/2014

### 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 California. 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:

Injured worker is a male with date of injury 04/09/2014. Per emergency department chart dated 04/09/2014, the injured worker was involved in a motor vehicle accident. He subsequently complained of low back pain, neck pain and headaches which involved radiation bilateral upper extremity pain, right worse than the left. He reported tingling, numbness, weakness, and cramps. Low back pain included occasional radiation to bilateral lower extremities, right worse than the left. On examination gait was slow, guarded, and non-limping. The neck revealed midline tenderness extending from C2 to C6. There was bilateral cervical facet tenderness noted at the C2-3, C5-6 levels. Bilateral trapezius tenderness was noted and cervical spine movements were painful. There was midline tenderness extending from L3 to S1 levels. Bilateral facet tenderness was noted at the L4-5 and L5-S1 level. There was bilateral mild sacroiliac and sciatic notch tenderness. Examination of the extremities showed he could heel and toe walk with pain. Sensory and motor examinations and reflexes were normal. Diagnoses include low back pain, lumbar discogenic pain and cervical discogenic pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flexeril 10mg #15:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine, Muscle Relaxants Page(s): 41, 42, 63, 64.

**Decision rationale:** The injured worker has been taking Flexeril 10 mg since at least 05/12/2014. The request for Flexeril 10 mg #30 was modified by the claims administrator to Flexeril 10 mg #15 to allow for weaning. Cyclobenzaprine is recommended by the MTUS guidelines for short periods with acute exacerbations, but not for chronic or extended use. These guidelines report that the effect of Cyclobenzaprine is greatest in the first four days of treatment. Cyclobenzaprine is associated with a number needed to treat of three at two weeks for symptoms improvement in low back pain and is associated with drowsiness and dizziness. Chronic use of Cyclobenzaprine may cause dependence, and sudden discontinuation may result in withdrawal symptoms. This request however is not for a tapering dose. The request for Cyclobenzaprine 10 mg #30 is determined to not be medically necessary.