

<b>Case Number:</b>	CM14-0112218		
<b>Date Assigned:</b>	08/01/2014	<b>Date of Injury:</b>	04/09/2012
<b>Decision Date:</b>	09/12/2014	<b>UR Denial Date:</b>	06/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/18/2014

### 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 4/9/2013. Per orthopedic new patient evaluation dated 6/16/2014, the injured worker complains of low back pain in the mid portion with prolonged standing, walking and bending, as well as the pain waking him at night. Coughing and sneezing causes low back pain. The pain radiates down the left posterior thigh to the level of the knee. He reports occasional neck pain and stiffness. He is unsure what brings this on. He appears to have a separate anterior left knee pain with stairs. On examination he appears to be his stated height and weight of 6'5" tall and 2230 pounds. The is extremely muscular and very well developed. He is an obvious weight lifter. He walks without a limp. Lumbar spine has diffuse tenderness over the bilateral paraspinal muscles. There are no spasms and no fascial nodules. He refuses to bend or forward flex. Lower extrmities have decreased pinprick sensation decreased in the entire left lower extremity when compared to the right. The motor examination is normal, and straight leg raising to 60/60 degrees in the sitting position. Sciatic tension test is negative. Diagnoses are not reported.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flexeril 10mg, qty 30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 41-42. Decision based on Non-MTUS Citation Official Disability Guidelines 2013.

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

**Decision rationale:** Cyclobenzaprine is recommended by the MTUS Guidelines for short periods with acute exacerbations, but not for chronic or extended use. The MTUS Guidelines report that the effect of cyclobenzaprine is greatest in the first four days of treatment. Chronic use of cyclobenzaprine may cause dependence, and sudden discontinuation may result in withdrawal symptoms. Discontinuation should include a tapering dose to decrease withdrawal symptoms. This request however is not for a tapering dose. The request for Flexeril 10mg, qty 30 is determined to not be medically necessary.