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| <b>Case Number:</b>   | CM14-0116511 |                              |            |
| <b>Date Assigned:</b> | 08/04/2014   | <b>Date of Injury:</b>       | 08/05/2011 |
| <b>Decision Date:</b> | 09/16/2014   | <b>UR Denial Date:</b>       | 06/18/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 07/22/2014 |

### 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 Physical Medicine and Rehabilitation 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:

The patient is a 39 year old male who was injured on 08/05/2011 when he tripped and fell. Prior medication history included Naproxen, cyclobenzaprine, hydrocodone tramadol, Cymbalta and omeprazole. He has been treated conservatively with acupuncture therapy, chiropractic therapy and physical therapy. Psychological AME report dated 06/06/2013 states the patient complained of low back pain with numbness and tingling radiating to his buttocks and down his legs. His pain intensity is rated as moderate to fair. The patient has a diagnosis of low back pain, lumbar radiculopathy, left foot and ankle pain. There were no reports available documenting measurable objective findings to support radiculopathy or spasm. The patient takes naproxen, cyclobenzaprine and hydrocodone on a daily basis to help manage pain. He takes omeprazole to control nausea and stomach irritation from medications. He's been taking Cymbalta nearly a year for depression and pain. Prior utilization review dated 06/18/2014 by [REDACTED] states the request for Flexeril 10 mg #30 is denied as there is no evidence of functional improvement.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flexeril 10 mg #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril) Page(s): 41.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain) Page(s): 64-66. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Cyclobenzaprine (Flexeril®).

**Decision rationale:** According to CA MTUS, Cyclobenzaprine (Flexeril) is recommended as an option, using a short course of therapy. This medication is not recommended to be used for longer than 2-3 weeks. The guidelines state antispasmodics are used to decrease muscle spasms. The medical records seem to indicate that the patient has been prescribed Cyclobenzaprine chronically. The chronic use of muscle relaxants is not recommended by the guidelines. Consequently, the request is not medically necessary.