

<b>Case Number:</b>	CM14-0162496		
<b>Date Assigned:</b>	10/07/2014	<b>Date of Injury:</b>	04/16/2007
<b>Decision Date:</b>	11/19/2014	<b>UR Denial Date:</b>	09/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/02/2014

### 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, has a subspecialty in Interventional Spine 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 53 year old male with date of injury 4/16/07. The treating physician report dated 9/9/14 indicates that the patient presents with chronic pain affecting the lower back and lower extremities. Medication usage decreases his pain by 30%. Current medications are: Methadone 10mg 4 tabs TID, Oxycodone 10mg 1 tab QID, Cyclobenzaprine 10 mg 1-2 BID, Cymbalta 30mg 1 tab QD and Gabapentin 300mg capsule 1 cap qhs. He is status post lumbar spine fusion L4-S1 in 2009. The physical examination findings reveal he uses a cane for ambulation, walks with a limp, very limited lumbar range of motion (ROM) and normal motor and sensory exam. The current diagnoses are: 1.Lumbar disc with radiculitis2.Degeneration of lumbar disc3.Lumbar fusion L4-S1The utilization review report dated 9/19/14 denied the request for cyclobenzaprine and authorized the Oxycodone and Methadone based on the MTUS guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cyclobenzaprine, 7.5mg Tablet #90:** 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): 64, 63.

**Decision rationale:** The patient presents with chronic lower back pain and bilateral leg pain following fusion at L4-S1. The current request is for Cyclobenzaprine 7.5mg #90. In reviewing the monthly treating physician reports from 1/20/14 through 9/9/14 the patient has been prescribed Cyclobenzaprine on a consistent basis. The MTUS guidelines support the usage of Cyclobenzaprine (Flexeril) for a short course of therapy, not longer than 2-3 weeks. MTUS is very specific that Cyclobenzaprine is only to be used for a short course of treatment and there is no compelling documentation from the treating physician to supersede the MTUS recommendations. Cyclobenzaprine 7.5mg #90 is not medically necessary and appropriate.