

<b>Case Number:</b>	CM14-0023942		
<b>Date Assigned:</b>	06/11/2014	<b>Date of Injury:</b>	10/27/2008
<b>Decision Date:</b>	07/28/2014	<b>UR Denial Date:</b>	02/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/25/2014

### 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 Texas. 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 injured worker is a 35 year old male who reported an injury on 10/27/2008 while pulling an object. The chart dated 02/28/2014 note the injured worker had a history of long standing back pain with a diagnosis of lumbar spinal surgery and hand surgery. The MRI dated 11/07/2011 indicated small left paracentral disc extrusion at L5-S1, with mild to moderate narrowing. Physical examination of lumbar spine reveals sensation is intact to light touch and pinprick bilaterally to lower extremities, straight leg rise is negative, spasm and guarding is noted to lumbar spine. The lumbar motor strength is 5/5 to hip flexion, and hip extension bilaterally. The authorization form dated 01/17/2014 was submitted with documentation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**CYCLOBENZAPRINE-FLEXERIL 7.5MG #90 DISPENSED ON 11/20/2013 QUANTITY : 90:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzapine ( Flexeril) Page(s): 41.

**Decision rationale:** MTUS Guidelines recommend using Cyclobenzaprine as an option, using a short term course of therapy. The effect is greatest in the first 4 days of treatment, therefore treatment should be brief. The addition of Cyclobenzaprine to other agents is not recommended. The chart notes provided indicate that the injured worker had been on the Cyclobenzaprine greater than 4 months. The request did not address the frequency in which the cyclobenzaprine would be dispensed. As such the request is not medically necessary.