

<b>Case Number:</b>	CM14-0040817		
<b>Date Assigned:</b>	06/27/2014	<b>Date of Injury:</b>	04/25/2008
<b>Decision Date:</b>	08/18/2014	<b>UR Denial Date:</b>	04/01/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/07/2014

### 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 Physical Medicine & Rehab, has a subspecialty in Pain Medicine and is licensed to practice in Oklahoma & 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 64-year-old male who reported an injury 04/25/2008. The mechanism of injury was not provided within the medical records. The clinical note date 05/19/2014 indicated diagnoses of a lumbar disc bulge and protrusion at L3-4, L4-5, and L5-S1 levels with neural foraminal narrowing status post right medial meniscectomy, right medial meniscus tear, lumbar facet arthrosis at L4-5 and L5-S1, status post right ankle arthroscopy with repair of lateral ankle ligament, depression and chronic myofascial pain syndrome. The injured worker reported severe constant low back pain shooting down right leg with tingling, numbness and paresthesia. The injured worker reported his weakness in the right leg was getting worse. The injured worker reported his pain was 7- 8/10 and he reported buckling sensation in the right knee. The injured worker was given a brace. The injured worker reported prolonged standing, bending and lifting heavy objects made his pain worse. On physical examination the injured worker had increased lumbar lordosis. There were spasms at the paravertebral muscles and localized tenderness present in the lumbar spine. Hyperextension of the lumbar spine was strongly positive, range of motion of the lumbar spine was restricted. The injured worker's right sided straight leg raise was 40 to 50 degrees, left sided straight leg raise was 50 to 60 degrees. The motor strength was 4+, flexion was 4-. The injured worker's prior treatments included diagnostic imaging, surgery and medication management. The injured worker's medication regimen included Tylenol No. 3, Norflex, Protonix and Neurontin. The provider submitted a request for cyclobenzaprine. The physician reported he was going to discontinue naproxen and Flexeril. A Request for Authorization was not submitted for review to include the date the treatment was requested.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cyclobenzaprine 10 mg #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants for pain.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril) Page(s): 41-42.

**Decision rationale:** The request for Cyclobenzaprine 10 mg #30 is not medically necessary. The CA MTUS guidelines recommend cyclobenzaprine (flexeril) as an option, using a short course of therapy. Cyclobenzaprine is a skeletal muscle relaxant and a central nervous system (CNS) depressant. As the physician reported he was going to discontinue cyclobenzaprine/Flexeril, the request for cyclobenzaprine would not be medically necessary. Therefore, the request for cyclobenzaprine is not medically necessary.