

<b>Case Number:</b>	CM14-0059623		
<b>Date Assigned:</b>	07/09/2014	<b>Date of Injury:</b>	01/17/1990
<b>Decision Date:</b>	08/08/2014	<b>UR Denial Date:</b>	04/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/30/2014

### 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 56-year-old male with an injury date of 01/17/1990. Based on the 04/14/14 progress report provided by [REDACTED], the patient complains of low back pain and bilateral lower extremity pain, right more than left. The 02/17/14 report by [REDACTED] states that the patient has an antalgic gait and has pain and difficulty when transferring from sitting to standing. He also has a decreased range of motion for flexion and extension and has paraspinous muscle tenderness without spasm. His diagnoses include the following: 1. Postlaminectomy syndrome lumbar; 2. Lumbar radiculopathy. [REDACTED] is requesting for Cyclobenzaprine 5 mg. The utilization review determination being challenged is dated 04/21/14. [REDACTED] is the requesting provider, and he provided four treatment reports from 10/23/13-04/14/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cyclobenzaprine 5mg:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants for Pain, Cyclobenzaprine (Flexeril).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril) Page(s): 64.

**Decision rationale:** According to the 04/14/14 report by [REDACTED], the patient presents with low back pain and bilateral lower extremity pain, right more than left. The request is for Cyclobenzaprine 5 mg. According to the MTUS guidelines, Cyclobenzaprine is not recommended to be used for longer than 2-3 weeks. The patient has been on Cyclobenzaprine for more than 2-3 weeks. The request for Cyclobenzaprine is not medically necessary.