

<b>Case Number:</b>	CM14-0076012		
<b>Date Assigned:</b>	07/16/2014	<b>Date of Injury:</b>	03/22/2007
<b>Decision Date:</b>	08/22/2014	<b>UR Denial Date:</b>	05/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/23/2014

### 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 Orthopedic Surgery, 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 63-year-old male who reported an injury on 03/08/2000. The mechanism of injury was not specifically stated. The current diagnosis is lumbar spinal stenosis. The injured worker was evaluated on 04/21/2014, with reports of persistent symptoms involving the right lower extremity. It is noted that the injured worker was previously scheduled for a foraminotomy. Physical examination on that date revealed diminished strength in the bilateral lower extremities, positive straight leg raising bilaterally, trace deep tendon reflexes at the right ankle, and pain when walking. The current medication regimen includes atorvastatin 40 mg, Soma 350 mg, Celebrex 200 mg, fenofibrate, hydrocodone 7.5/325 mg, Zofran HCl 4 mg, and a multivitamin. Treatment recommendations at that time included proceeding with the surgical procedure.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 prescription of Flexeril (Cyclobenzaprine) 10mg #60: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine; Muscle Relaxants (for pain).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-66..

**Decision rationale:** The California MTUS Guidelines state muscle relaxants are recommended as a non-sedating second line options for short term treatment of acute exacerbations. There was no documentation of palpable muscle spasm or spasticity upon physical examination that would warrant the need for a muscle relaxant. There is also no frequency listed in the current request. As such, the request is non-certified.