

<b>Case Number:</b>	CM14-0084968		
<b>Date Assigned:</b>	07/23/2014	<b>Date of Injury:</b>	10/10/2001
<b>Decision Date:</b>	09/16/2014	<b>UR Denial Date:</b>	04/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/06/2014

### 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 39 year old male with an injury date of 10/10/01. Per the 04/24/14 progress report by [REDACTED], the insured presents with lower back pain radiating to the bilateral legs. His pain is described and numbness in the lower back with a dull ache when cold and rated 6/10 when medicated. Examination reveals increased spasm of the left paraspinal muscle L4,5 area, bilateral tenderness of the L3-5 paraspinal muscles, and right SI joint tenderness plus compression. Examination of the lumbar spine shows decreased range of motion. The patient's diagnoses include: 1. Lumbar radiculopathy. 2. Intractable pain. 3. Constipation secondary to opioid drug usage. Current medications are reported as, Flexeril, Norco, Docuprene, Theramine, Sentra PM, and Sentra AM. The utilization review being challenged is dated 04/29/14. Treatment reports were provided from 11/18/13 to 04/21/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flexeril, 7.5 mg, twice daily, #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain Page(s): 64,63.

**Decision rationale:** The patient presents with lower back pain radiating to the bilateral legs rated 6/10. The treater requests for Flexeril (Cyclobenzaprine) 7.5 mg. #60. It is unknown how long the patient has been taking this medication. The 11/08/13 progress report by [REDACTED] lists this as a continuing medication. MTUS guidelines page 64 state the following, "Cyclobenzaprine is recommended for a short course of therapy. Limited, mixed-evidence does not allow for a recommendation for chronic use." MTUS guidelines for muscle relaxant for pain page 63 state, "Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP." MTUS does not recommend more than 2 to 3 weeks for use of the medication. Review of reports shows that the patient has been on this medication for a least several months. The treater does not mention that it is to be used for short term only therefore Flexeril 7.5 mg twice daily #60 is not medically necessary.