

<b>Case Number:</b>	CM14-0178932		
<b>Date Assigned:</b>	11/03/2014	<b>Date of Injury:</b>	08/03/2006
<b>Decision Date:</b>	01/05/2015	<b>UR Denial Date:</b>	10/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/28/2014

### 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 & Rehabilitation, 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 injured worker is a 66-year-old with a date of injury 8/3/06. The patient is being treated for low back pain with left sciatica. Treatment regimen includes gabapentin, Ultram, Norco and Flexeril 10 mg at bedtime. On 10/2/14, request were made for Gabapentin 600, Ultram 50, Norco 10/325 and Flexeril 10mg one month supply with 2 refills.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flexeril 10mg #30 with 2 refills:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**Decision rationale:** Records reveal an injured worker with chronic lumbar radiculopathy. The patient is being managed with a chronic complex medication regimen of Ultram, Gabapentin, Norco and Flexeril. MTUS guidelines indicate that cyclobenzaprine is recommended for a short course of therapy in the management of back pain. The request for Cyclobenzaprine as written #30 with 2 refills would not be considered a short course of therapy and is therefore not medically necessary.