

<b>Case Number:</b>	CM15-0184206		
<b>Date Assigned:</b>	09/24/2015	<b>Date of Injury:</b>	08/05/2013
<b>Decision Date:</b>	10/30/2015	<b>UR Denial Date:</b>	09/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/18/2015

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: North Carolina  
 Certification(s)/Specialty: Family Practice

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This injured worker is a 43 year old male, who sustained an industrial injury on 08-05-2013. The injured worker was diagnosed as having lumbar disc herniation and left lower extremity numbness and tingling with radicular pain. On medical records dated 07-30-2015, subjective complaints were noted as constant low back pain. He was noted to have numbness and tingling in his left leg. Pain was rated a 4-5 out of 10. Objective findings were noted as having some difficulty with activities of daily living. Lumbar spine was noted to have decreased range of motion and tenderness to palpation in paraspinal muscles bilaterally, hypertonicity and spasms on the left. Palpation of the quadratus lumborum and gluteal muscles revealed tenderness and hypertonicity bilaterally. Straight leg raise was positive on the left at 60 degrees with radiation of pain in the anterior left knee. Minor's sign was positive. The injured worker was noted to be working. Treatment to date included medication and lumbar injections. Current medication was listed as Norco, Flexeril, Tramadol and Nabumetone. The injured worker was noted to be on Flexeril since at least of 04-2015. The Utilization Review (UR) was dated 09-12-2015. A Request for Authorization was dated 09-08-2015. The UR submitted for this medical review indicated that the request for Flexeril (Cyclobenzaprine 10mg) #60 was non-certified.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flexeril (Cyclobenzaprine 10mg) #60: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

**Decision rationale:** The California chronic pain medical treatment guidelines section on muscle relaxants states: Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. (Chou, 2007) (Mens, 2005) (Van Tulder, 1998) (van Tulder, 2003) (van Tulder, 2006) (Schnitzer, 2004) (See, 2008) Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement. Also there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. (Homik, 2004) (Chou, 2004) This medication is not intended for long-term use per the California MTUS. The medication has not been prescribed for the flare-up of chronic low back pain but rather ongoing back pain This is not an approved use for the medication. For these reasons, criteria for the use of this medication have not been met. Therefore the request is not medically necessary.