

<b>Case Number:</b>	CM15-0038315		
<b>Date Assigned:</b>	03/09/2015	<b>Date of Injury:</b>	12/13/2010
<b>Decision Date:</b>	04/17/2015	<b>UR Denial Date:</b>	02/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/02/2015

### 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: California, Hawaii

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 57-year-old male, who sustained an industrial injury on 12/13/2010. He reports a step giving out as he exited his truck with a right shoulder and left knee injury. Diagnoses include lumbosacral degenerative disc disease, lumbar 5-sacral 1 foraminal narrowing bilaterally, right shoulder lesion with degenerative joint disease, chronic pain syndrome, cervical radiculopathy and lumbar facet arthropathy. Treatments to date include right shoulder rotator cuff repair, cervical epidural steroid injection, physical therapy, bilateral medical branch block at cervical 3-4, bilateral Rhizotomy to lumbar 4 to sacral 1, chiropractic care, acupuncture and medication management. Progress notes from the treating provider dated 1/6/2015 and 2/2/2015 indicates the injured worker reported increased shoulder and knee pain and persistent neck and back pain and neck stiffness and burning and tingling radiating down the bilateral upper extremities.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective Cyclobenzaprine 7.5 mg #30 with a dos of 1/6/2015: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** The attending physician report dated 2/2/15 indicates the patient has ongoing complaints of neck and back pain. The current request is for Cyclobenzaprine (Flexeril) 7.5mg #30 with DOS of 1/6/15. MTUS guidelines for muscle relaxants state the following: "Recommended for a short course of therapy. Limited, mixed-evidence does not allow for a recommendation for chronic use." MTUS guidelines for muscle relaxants for pain page 63 state the following: "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 2-3 weeks for use of this medication. In this case, the records do not support an acute exacerbation of a chronic low back condition. Review of the reports show that this patient has been on this medication for at least several months and the attending physician does not mention that it is to be used for short-term only. Furthermore, there is no documentation of muscle spasm over the last two attending physician reports. The current request exceeds the medical guidelines. As such, recommendation is for denial.