

<b>Case Number:</b>	CM15-0088840		
<b>Date Assigned:</b>	05/13/2015	<b>Date of Injury:</b>	12/26/2007
<b>Decision Date:</b>	06/23/2015	<b>UR Denial Date:</b>	04/29/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/08/2015

### 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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular Medicine

### 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 42 year old male who sustained an industrial injury on 12/26/07 when he fell getting out of a forklift landing on his lower extremity and experiencing immediate jolting pain. He had lumbar surgery in 2010. After surgery he has tingling in his legs and now he has excruciating pain. He currently complains of severe low back pain, groin, abdominal and bilateral lower extremity pain. In the progress note dated 12/12/14 he had increasing spasms in his lower extremities. His pain level is 10/10 without medication and 6/10 with medication. Medications are oxycodone, cyclobenzaprine, Prilosec, docusate sodium, Voltaren-XR, Prozac, clonazepam. Medications keep the injured worker functional, allowing for increased mobility and tolerance of activities of daily living and home exercise. Physical exam of the lumbar spine shows tenderness on palpation with decreased range of motion. Diagnoses include lumbar radiculopathy; degenerative disc disease, lumbar spine; failed back surgery syndrome; anxiety; sleep disorder. Treatments to date include physical therapy, chiropractics, interlaminar epidural steroid injection (which gave 3 months of at least 60% improvement in pain and function), psychological counseling and home exercise program. Diagnostics include MRI of the lumbar spine (8/27/12) showing status post anterior fusion at L5-S1, small disc bulge with mild foraminal stenosis and facet degenerative joint disease L4-S1; x-ray of the lumbar spine (3/25/15) showing previous fusion at L5-S1. In the progress note dated 4/14/15 the treating provider's plan of care includes renewal of cyclobenzaprine HCL 10 mg as needed for spasms.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cyclobenzaprine HCL 10mg #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines muscle relaxants.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril) Page(s): 41-42 and page 64.

**Decision rationale:** Cyclobenzaprine HCL 10mg #90 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines state that Cyclobenzaprine is not recommended to be used for longer than 2-3 weeks. The documentation indicates that the patient has already been on Cyclobenzaprine. There are no extenuating circumstances documented that would necessitate continuing this medication beyond the 2-3 week time frame. The request for Cyclobenzaprine is not medically necessary.