

<b>Case Number:</b>	CM15-0010423		
<b>Date Assigned:</b>	01/28/2015	<b>Date of Injury:</b>	03/12/2011
<b>Decision Date:</b>	03/18/2015	<b>UR Denial Date:</b>	12/31/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/19/2015

### 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: Internal Medicine, Rheumatology

### 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 44 year old male, who sustained an industrial injury on 3/12/2011. He has reported injury to his back. The diagnoses have included lumbar facet arthropathy, lumbar radiculopathy, and chronic pain. Treatment to date has included medications and transforaminal lumbar steroid injection. Currently, the Injured Worker complains of low back pain associated with radiation to left lower extremity that increases with ambulation and activity. Pain is rated 5-6/10 with medication and 6-7/10 VAS without medications. He reported 50-80% improvement from bilateral transforaminal injection completed 10/10/14 with functional improvement. Physical examination from 11/14 documented bilateral lumbar tenderness with pain significantly increasing with flexion and extension and rotation. There was decreased sensitivity to touch along S1 in left lower extremity and negative straight leg raise bilaterally at 90 degrees. Plan of care included continuation of medications and home exercise. The records documented lumbar surgery was pending. On 12/31/2014 Utilization Review non-certified Cyclobenzaprine 7.5mg #180, noting the do not recommend the use of muscle relaxants for chronic back pain. The MTUS Guidelines were cited. On 1/19/2015, the injured worker submitted an application for IMR for review of Cyclobenzaprine 7.5mg #180.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cyclobenzaprine 7.5mg #180:** Upheld

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

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

**Decision rationale:** This 44 year old male has complained of low back pain since date of injury 3/12/11. He has been treated with physical therapy, epidural steroid injections and medications to include muscle relaxants since at least 10/2014. The current request is for Flexeril. Per MTUS guidelines, treatment with cyclobenzaprine should be reserved as a second line agent only and should be used for a short course (2 weeks) only; additionally, the addition of cyclobenzaprine to other agents is not recommended. Per MTUS guidelines, cyclobenzaprine is not considered medically necessary for this patient.