

<b>Case Number:</b>	CM15-0017661		
<b>Date Assigned:</b>	02/05/2015	<b>Date of Injury:</b>	09/19/2014
<b>Decision Date:</b>	03/25/2015	<b>UR Denial Date:</b>	01/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/29/2015

### 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, Indiana, New York  
Certification(s)/Specialty: Internal 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 34 year old male, who sustained an industrial injury on September 19, 2014. He has reported twisting the lower back and feeling a pop in the lower back down the right leg. The diagnoses have included disc displacement NOS without myelopathy and lumbar/lumbosacral disc degeneration. Treatment to date has included diagnostic studies, epidural steroid injections and medications. On January 8, 2015, the injured worker complained of worsening low back and leg pain. There was decreased range of motion to the lumbar spine with tenderness and spasms and decreased sensation to the right L5 posterior sacrolumbar region. On January 16, 2015, Utilization Review modified a request for Cyclobenzaprine 7.5mg #180 to #120, noting the CA MTUS Guidelines. On January 29, 2015, the injured worker submitted an application for Independent Medical Review 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 Flexeril Page(s): 63-66.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-66. Decision based on Non-MTUS Citation Pain section, Muscle relaxants

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Cyclobenzaprine 7.5 mg #180 is not medically necessary. Muscle relaxants are recommended as a second line option short-term (less than two weeks) of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain. Efficacy appears to diminish over time and prolonged use may lead to dependence. In this case, the injured workers working diagnoses are this displacement without myelopathy; and lumbar/lumbosacral disc degeneration. Subjectively, the injured worker continues to complain of worsening back pain and left and right leg pain. Objectively, there is tenderness with decreased range of motion overlying the lumbosacral spine. Neurologic evaluation shows a decrease sensation in the L5 dermatome on the right. MRI shows a herniated disc at L4 - L5. The injured worker was injured on September 19, 2014 and seen by the treating physician on the same date. There were no medications listed in the medical record. On October 22, 2014 cyclobenzaprine 7.5 mg was prescribed. On January 8, 2015, cyclobenzaprine 7.5 mg was refilled. The documentation does not contain evidence of objective functional improvement. Additionally, muscle relaxants are recommended for short-term (less than two weeks). The documentation indicates the injured worker is using cyclobenzaprine in excess of three months. Consequently, absent clinical documentation with evidence of objective functional improvement to support the ongoing use of Cyclobenzaprine, Cyclobenzaprine 7.5 mg #180 is not medically necessary.