

<b>Case Number:</b>	CM15-0119422		
<b>Date Assigned:</b>	06/29/2015	<b>Date of Injury:</b>	10/24/2004
<b>Decision Date:</b>	08/31/2015	<b>UR Denial Date:</b>	05/21/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/19/2015

### 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: Arizona, Michigan

Certification(s)/Specialty: Preventive Medicine, Occupational 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 38 year old male, who sustained an industrial injury on 10/24/2004 when he reported developing sharp pain in his low back and then developed knee pain in relationship to his low back injury. The injured worker is currently permanent and stationary. The injured worker is currently diagnosed as having chronic back pain with intermittent left leg sciatica with mild residual lateral gutter stenosis and degenerative facet change with mild stenosis. Treatment and diagnostics to date has included a right knee unicompartmental arthroplasty, L5-S1 fusion with subsequent hardware removal, lumbar spine MRI which showed disc protrusions with stenosis, physical therapy, and opioid, muscle relaxant, and anti-anxiety medications. In a progress note dated 03/03/2015, the injured worker presented with complaints of chronic back pain with intermittent sciatica. Objective findings include borderline positive straight leg raise test on the left with some buttock pain with tenderness to palpation in the left low back into the buttock. The treating physician reported requesting authorization for Cyclobenzaprine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cyclobenzaprine tab 10mg day supply: 30 Qty: 90 with 2 refills: Upheld**

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

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

**Decision rationale:** According to California MTUS Chronic Pain Treatment Guidelines, Flexeril (Cyclobenzaprine) is "recommended for a short course of therapy. Limited, mixed-evidence does not allow for a recommendation for chronic use." The medical records show that the injured worker has been prescribed Flexeril (Cyclobenzaprine) regularly since 11/14/2014. The continued use of Flexeril for over four months exceeds the MTUS recommendations. Therefore, the request for Cyclobenzaprine is not medically necessary.