

<b>Case Number:</b>	CM15-0174311		
<b>Date Assigned:</b>	09/16/2015	<b>Date of Injury:</b>	05/02/2015
<b>Decision Date:</b>	10/19/2015	<b>UR Denial Date:</b>	08/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/04/2015

### 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  
 Certification(s)/Specialty: Emergency 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 39 year old male, who sustained an industrial injury on May 2, 2015. The injured worker underwent a neurology consultation on August 12, 2015. He reported that he continued with occasional thenar pain at the location where he sustained an electrical burn and he reported some discomfort in the right ventral aspect of the wrist. He reported some discomfort in the right ventral aspect of the wrist and chronic pain in the left lateral thigh. He had radiation of pain from the left hip to the left anterior and lateral aspect of the thigh and sometimes into the left anterior aspect of the calf. He reported some low back pain that radiated into the left buttock and left hip and he had difficulty sitting for greater than 30 minutes and walking for greater than 45 minutes. He continued to require work restrictions and had difficulty working more than eight hours per day with difficulty with prolonged sitting and light lifting. He reported that he would be interested in taking some medication and noted that he did receive benefits from anti-inflammatory medications. On physical examination the injured worker had a slightly antalgic gait with weight-bearing favoring his right leg. He had tenderness to palpation over the lower lumbar paraspinal muscles at L3-L5 primarily on the left and had mild restriction in left lumbar flexion as well as lateral tilt to the left that was limited to approximately 25% of normal. His straight leg raise test was grossly positive on the left with reproduction of some pain into the left posterolateral aspect of the thigh. There was no significant restriction in the hip range of motion although guarding and pain were reproduced on both internal and external rotation of the left hip. He had mild decreased sensation to pinprick in the approximate L4-L5 distribution. The

injured worker was diagnosed as having chronic left hip strain, suspected left lumbar radiculopathy, and electrocution injury to the right hand with residual right thenar and right ventral wrist pain. Treatment to date has included physical therapy, acupuncture, modified work duties and NSAIDS. A request for authorization for cyclobenzaprine 7.5 mg #90 was received on August 20, 2015. On August 27, 2015, the Utilization Review physician determined that cyclobenzaprine 7.5 mg #90 was not medically necessary.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Cyclobenzaprine-Flexeril 7.5mg #90: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

**Decision rationale:** The requested Cyclobenzaprine-Flexeril 7.5mg #90, is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Muscle Relaxants, Page 63-66, do not recommend muscle relaxants as more efficacious than NSAIDs and do not recommend use of muscle relaxants beyond the acute phase of treatment. The injured worker has tenderness to palpation over the lower lumbar paraspinal muscles at L3-L5 primarily on the left and had mild restriction in left lumbar flexion as well as lateral tilt to the left that was limited to approximately 25% of normal. His straight leg raise test was grossly positive on the left with reproduction of some pain into the left posterolateral aspect of the thigh. The treating physician has not documented duration of treatment, spasticity or hypertonicity on exam, intolerance to NSAID treatment, nor objective evidence of derived functional improvement from its previous use. The criteria noted above not having been met, Cyclobenzaprine-Flexeril 7.5mg #90 is not medically necessary.