

<b>Case Number:</b>	CM15-0027499		
<b>Date Assigned:</b>	02/19/2015	<b>Date of Injury:</b>	09/08/2008
<b>Decision Date:</b>	05/13/2015	<b>UR Denial Date:</b>	01/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/13/2015

### 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 52-year-old male, who sustained an industrial injury on September 8, 2008. The injured worker has been treated for neck, back and knee complaints. The diagnoses have included cervical spine herniated nucleus pulposus, lumbar spine herniated nucleus pulposus, thoracic spine herniated nucleus pulposus, degenerative changes of the elbow, osteoarthritis of the right knee, hypertension and mitral valve disorders. Treatment to date has included medications, radiological studies, pulmonary stress test, Sudoscan, echocardiogram, electroencephalogram (EEG) and chiropractic therapy. Current documentation dated September 26, 2014 notes that the injured worker reported neck, back and knee pain. Examination of the cervical and lumbar spine revealed pain, spasms and a decreased range of motion. Examination of the lower extremities revealed moderate swelling and a decreased range of motion of the knees. The treating physician's plan of care included a request for Flexeril/Cyclobenzaprine 7.5 mg # 60.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flexeril/Cyclobenzaprine 7.5mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain).

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

**Decision rationale:** The requested Flexeril/Cyclobenzaprine 7.5mg #60, 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 neck, back and knee pain. The treating physician has documented the cervical and lumbar spine revealed pain, spasms and a decreased range of motion. Examination of the lower extremities revealed moderate swelling and a decreased range of motion of the knees. The treating physician has not documented duration of treatment, intolerance to NSAID treatment, nor objective evidence of derived functional improvement from its previous use. The criteria noted above not having been met, Flexeril/Cyclobenzaprine 7.5mg #60 is not medically necessary.