

<b>Case Number:</b>	CM15-0069408		
<b>Date Assigned:</b>	04/17/2015	<b>Date of Injury:</b>	03/02/2012
<b>Decision Date:</b>	05/18/2015	<b>UR Denial Date:</b>	03/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/13/2015

### 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: New York

Certification(s)/Specialty: Internal Medicine, Pulmonary Disease

### 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 40 year old male patient who sustained an industrial injury on 03/02/2012. Treatment to include: psychological, Previous diagnostic testing: magnetic resonance imaging. A health history note dated 09/05/2014 described the patient with subjective complaint of low back, left shoulder, left side of arm and left side of neck. Current medications are: Tramadol 150 mg, Flexeril, Naproxen, Pantoprazole, and Xanax. A primary treating office visit dated 01/22/2015 reported the patient with subjective complaint of low back pain with left lower extremity symptoms, and left shoulder pain. The patient reports that the use of pain medication facilitates improved activity and function; along with reduction in pain. He is diagnosed with status post remote lumbar decompression L5-S1; recurrent protrusion L5-S1 with neural encroachment; protrusion L4-5 with mild neural encroachment, and left shoulder recurrent dislocation with Hill-Sachs lesion. The plan of care involved: recommending additional physical therapy treating the lumbar spine, remains an excellent surgical candidate regarding the left shoulder, continue with psychologist, continue with transcutaneous nerve stimulator unit. The following medications were prescribed: Tramadol ER, Naproxen, and Pantoprazole.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retro: Cyclobenzaprine 7.5mg #90 (Date of Service: 2/19/15): 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:** The patient is a 40 year old male with an injury on 03/02/2012. He has left shoulder pain, neck pain and low back pain. Chronic Pain guidelines does not recommend long term treatment with muscle relaxants. Muscle relaxants decrease both mental and physical ability. The patient is taking NSAIDS and MTUS guidelines note that the addition of muscle relaxants to patients treated with NSAIDS does not provide any additional pain relief. The request is not medically necessary.