

<b>Case Number:</b>	CM15-0073063		
<b>Date Assigned:</b>	04/23/2015	<b>Date of Injury:</b>	09/11/2007
<b>Decision Date:</b>	05/20/2015	<b>UR Denial Date:</b>	03/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/16/2015

### 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: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

### 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 09/11/2007. The injured worker was diagnosed with chronic low back pain with right lower extremity radiculopathy and multi-level spondylosis. Treatment to date includes diagnostic testing, epidural steroid injection (ESI), H-wave, transcutaneous electrical nerve stimulation (TEN's) unit, physical therapy, home exercise program and medications. According to the primary treating physician's progress report on February 25, 2015, the injured worker continues to experience an aching pain in the right lower back, right buttock and right lower extremity. The injured worker rates his pain level as 7/10 without medications and 6/10 with medications. Examination of the lumbar spine demonstrated tenderness to palpation over the paraspinal muscles on the right with increased pain with flexion and extension, decreased strength in the right lower extremity and decreased sensation in the L5-S1 dermatome. Current medications are listed as Flexeril, Lidocaine Patch, Norco, Gabapentin, Trazadone, Naproxen and Omeprazole. Treatment plan consists of continuing with H-wave, transcutaneous electrical nerve stimulation (TEN's) unit, home exercise program, 2nd lumbar spine surgical opinion, medication regimen and the current request for Flexeril.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flexeril 10 mg, sixty count:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 41, 64.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine Page(s): 41-42.

**Decision rationale:** This 52 year old male has complained of low back pain since date of injury 9/11/07. He has been treated with epidural steroid injections, TENS, physical therapy and medications to include Flexeril for at least 2 months duration. The current request is for Flexeril. Per MTUS guidelines, treatment with cyclobenzaprine should be reserved as a second line agent only and should be used for a short course (2 weeks) only; additionally, the addition of cyclobenzaprine to other agents is not recommended. Per MTUS guidelines, cyclobenzaprine is not considered medically necessary for this patient. The request IS NOT medically necessary.